

How do I submit the expenses to the other parent if I do not know their address?

*First contact the FOC and see if (s)he has a non-confidential address. If his/her address is confidential, you can submit the expenses directly to the FOC. If it is not confidential, FOC can provide the address to you in writing.*

What if I do not agree with the services my child received, or I do not feel they are medically necessary?

*This may be grounds for an objection. If you do object, it must be done within 21 days and a hearing will be scheduled for you to state your position to the Court.*

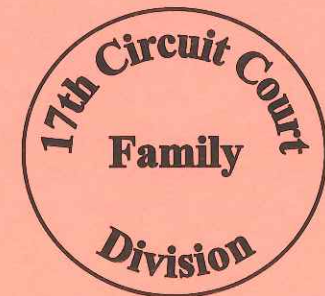
Can contact lenses be submitted for reimbursement?

*Yes, if prescribed by a health care provider.*

## Request for Health Care Expense Reimbursement



## Friend of the Court



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## **Kent County Friend of the Court (FOC) Health Care Enforcement Unit**

### How to submit a request for reimbursement of out-of-pocket health care expenses

The FOC can assist you with the collection of extra-ordinary uninsured health care expenses for your minor child(ren) if you follow the statutory requirements under MCLA 552.511a. The instructions and forms required are available through the FOC or online at:

[www.accesskent.com/foc](http://www.accesskent.com/foc).

Before requesting reimbursement for out-of-pocket health care expenses, you must review your court order to determine the uninsured health care percentage and if the order has an annual ordinary health care amount. If the order contains an annual ordinary amount, the payee must provide proof that (s)he has incurred expenses exceeding this dollar amount before the other parent can be asked to reimburse him/her. The only exception to this is orthodontia and expenses incurred by the payer of support. These expenses are always considered extra-ordinary, and therefore the ordinary health care amount does NOT apply to them. These expenses are calculated solely by the uninsured health care percentage in your order.

MCLA 552.511a states that the parent requesting reimbursement for the court ordered percentage of health care expenses not covered by insurance must first submit

the request to the other parent. To complete this step, the requesting parent must complete the Request for Health Care Expense Payment form and attach all supporting documentation, including bills and/or explanation of benefits. The requesting party must sign and date the form the same day (s)he is sending the expense to the other parent. Additionally, (s)he must make an extra copy of all of the information and keep it for his/her records. The receiving parent has 28 days to make payment directly to the requesting parent before the FOC can assist with collection.

If the 28 days have passed, and the expenses remain unpaid, the requesting parent can then ask for the FOC's assistance. In order for the FOC to assist with collection, the requesting parent must complete the Complaint for Enforcement of Health Care Expense Payment by filling out the section entitled "Requesting party's statement". (S)he must date the form the date they are mailing the expenses to the FOC and sign it. (S)he also must attach the copy of the Request for Health Care Expense Payment and the supporting documentation that was sent to the other parent. Please note the date on the Request for Health Care Expense Payment must be 28 days prior to the date on the Complaint for Enforcement of Health Care Expense Payment. Additionally, the FOC can only assist with collection of expenses that are less than one year old or within 6 months after the date of the insurance company's payment or denial of the claim.

Upon receipt, the FOC will review the forms and supporting documentation. Once the expenses are processed, a copy of all the documents will be mailed to each parent with a coversheet showing the amount due. At this point, the receiving parent will have 21 days to submit a written objection to the FOC. If an objection is received, the FOC will schedule a hearing with the Circuit Court and both parents will receive notice. If no objection is received, the expenses will be applied to the account as a support arrearage and is subject to enforcement.

### **Frequently Asked Questions**

What type of out-of-pocket expenses can I submit to the other parent for reimbursement?

*Co-pays and/or deductibles for treatments, services, equipment, medicines, and preventative care associated with any oral, visual, psychological, or medical services.*

What supporting documentation needs to be submitted with my expenses?

*All documentation must show the child's name, the date of service, the service rendered, the total charge, and the total out-of-pocket amount. Please provide a copy of the original bill that includes this information and/or an Explanation of Benefits.*