

Uninsured Medical / Health Care Expense Reimbursement Process

What is an eligible medical/health care expense?

"The term "medical" includes treatments, services, equipment, medicines, preventative care, similar goods and services associated with oral, visual, psychological, medical, and other related care, provided or prescribed by health care professionals for the children." [Michigan Child Support Formula Manual]

First, review your court order

You may have a provision in your court order for a monthly "ordinary medical expense" charge. If you do, you cannot seek medical/health care expense reimbursement from the other parent until the annual ordinary threshold amount has been spent. One way of thinking of this is as a deductible – you cannot seek reimbursement from your co-parent until you've spent the deductible. If your order does not have a charge for ordinary medical, you do not have to meet the Annual Threshold. The annual threshold amounts are:

On cases that have a child support order entered or modified after January 1, 2017:

Number of Children	Annual Threshold
1	\$403
2	\$807
3	\$1,210
4	\$1,614
5 or more	\$2,017

On cases that have a child support order entered or modified after January 1, 2013:

Number of Children	Annual Threshold
1	\$357
2	\$715
3	\$1,072
4	\$1,430
5 or more	\$1,787

Your order will also state what **Percentage** of the uninsured expenses you are to pay and what **Percentage** of the uninsured expenses your co-parent is to pay. You will need to know those percentages in order to complete the form.

Second, claims must first be submitted to all available insurance

Claims can only be submitted for **uninsured** expenses. You must first submit the bill to all available insurance before you submit it to your co-parent and the Friend of the Court.

Third, submit the Request for Health Care Expense Payment to your

Co-parent Before seeking assistance from the Friend of the Court you must submit your reimbursement request to your co-parent. The request must be made **within 28 days** of either the date insurance has paid, or denied, the claim. Use the **Request for Health Care Expense Payment form** to

request reimbursement from your co-parent. You must provide copies of the bills (not account or balance forward statements) showing the name of the child(ren) receiving the service, the date of service, a description of the service and the provider name/address. You must submit receipts or statements showing what you and/or insurance have paid, or that coverage has been denied.

Your Co-parent has 28 days to pay or work out an acceptable agreement for payment.

If you and your co-parent reach an agreement concerning the expenses, the agreement must be in writing, 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 and, if enforcement by the Friend of the Court is requested, the agreement must be provided to the Friend of the Court.

Fourth, if your co-parent does not pay you, you may seek Friend of the Court Enforcement

Complete the ***Complaint for Enforcement of Health Care Expense***. You must also ***provide a copy of the Request for Health Care Expense Payment*** that you provided to your co-parent along with all bills, receipts for payment and insurance coverage or denials.

The medical bills must be submitted to the Friend of the Court on or before: 1 year after the expense was incurred; 6 months after the insurer's final payment or denial or coverage (as long as all measures necessary to submit the claim to insurance were completed within 2 months after the expense was incurred); or 6 months after a default in a repayment agreement. Untimely bills will not be processed by the Friend of the Court. If everything has been submitted properly, Friend of the Court will mail the Complaint to your co-parent who has an opportunity (21 days) to object and request a hearing. If no objection is received, the expenses will be added to the account.