FRIEND OF THE COURT
Renae Topolewski

ASSISTANT FRIEND OF THE COURT
Caryn VanderHeuvel

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

DEMAND FOR MEDICAL PROCEDURE

1. **If your court order charges for Ordinary Medical, the uninsured medical expenses must exceed the Ordinary Medical Expenses of $289.00, $345.00, $357.00 or $403.00 per child/per calendar year (depending on the date of your order), as a prerequisite for enforcement**. Documentation of the Ordinary Medical Expenses must be included if not already in your file. If a court order containing this provision goes into effect on a day other than January 1, the charges will be prorated at the time the order is processed by our office.

2. A person seeking reimbursement must first request payment, in writing, from the other parent within 28 days after payment or denial of insurance coverage before submitting through the Friend of the Court.

3. The parent must complete a ***"Request For Health Care Expense Payment"*** **Form #1**. The form must be sent to the payer, or **"Obligor"** so that he/she has 14 days to pay expenses directly to the parent seeking reimbursement. You must attach legible copies of all bills that include the following:
    a. Date of service
    b. Patient's name
    c. Type of service
    d. Cost of service

4. Premiums are not considered uninsured costs. If you have insurance you must submit all explanation of benefits from your insurance carrier. If the non-custodial parent receives this information and refuses to cooperate, please inform us of that when returning your claim.

5. If after 14 days you have not received reimbursement, or only partial reimbursement, you must complete the ***"Complaint For Enforcement Of Health Care Expenses"*** **Form #2**. Read carefully under ***Requesting Party's Statement***. Date and sign at the bottom and include copies of the bills and Form #1 previously sent to the Obligor, along with Form #2.

6. Bills over **one year** old will not be processed. We suggest that you submit all bills within 6 months of the date of service to ensure efficient processing. Please do no submit a claim for less than **$20.00** before processing.

Please include a daytime phone number where you can be reached if questions arise. ***If you need further explanation of the new process, you may contact this office***. Thank you for your cooperation.

FRIEND OF THE COURT
Renae Topolewski

ASSISTANT FRIEND OF THE COURT
Edward V. Messing, Jr.

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

Medical Enforcement Investigator
MEDICAL FACT SHEET

EACH PARENT IS OBLIGATED TO COMPLY WITH THE COURT ORDER.

Each parent must provide the other parent with:

a. A current insurance card (copy of card must be sent to the FOC).

b. Copies of insurance information and forms necessary to submit claims.

c. Copies of all insurance company explanation of benefits.

d. Notice of all amounts not covered by insurance and each party's responsibility per the percentages in your order.

e. Payment to party requesting reimbursement.

IF UNABLE TO WORK OUT MEDICAL BILL PROBLEMS:

1. All Health Care (Medical) reimbursement requests must be submitted on a Friend of the Court DEMAND FOR MEDICAL PAYMENT form after all attempts for insurance coverage have been exhausted.

2. A person seeking reimbursement must **first request payment, in writing, from the other parent** within 28 days after payment or denial of insurance coverage. The proper forms must be used as directed in the ***"Demand for Medical Procedure"*** letter. Once a demand is received, and processed by the Friend of the Court, the other party has 21 days to object. If a valid objection is received at the FOC in writing, a hearing will be held. If no objection is filed, the amount is added to the medical arrears account.

3. Medical bills over one (1) year old will not be processed.

4. If the obligor directly reimburses the requesting party after the Friend of Court has started the medical chain of action, the obligor must send verification (copy of cancelled check or receipt from other party) to the Friend of Court.

FRIEND OF THE COURT
Renae Topolewski

ASSISTANT FRIEND OF THE COURT
Edward V. Messing, Jr.

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

5. "HEALTH CARE" means the products or services provided or prescribed by a person or organization licensed or legally authorized to provide or prescribe human health care products or services, including, but not limited to, the following professionals; Chiropractors, Dentists, Oral Surgeons, Orthodontists, Prosthedontists, Periodontists, Endodontics, Pedodontists, Dental Hygienists, Dental Assistants, Medical Doctors, Physician's Assistants, Registered Professional Nurses, Licensed Practical Nurses, Nurse Midwives, Nurses Anesthetists, Nurse Practitioners, Trained Attendants, Optometrists, Osteopaths, Pharmacists, Physical Therapists, Physiotherapists, Physical Therapy Technicians, Chiropodists, Podiatrists, Foot Specialists, Psychologists, Psychological Assistants, Psychological Examiners, Clinical Social Workers and providers of Prosthetic Devices. It also includes the following health facilities or agencies (even when located in a correctional institution or a university, college, or other educational institution); ambulances, advanced mobile emergency care services, clinical laboratories, county medical care facilities, freestanding surgical outpatient facilities, health maintenance organization, homes for aged, hospitals, and nursing homes (Michigan Child Support Formula, Section IV (D)).

6. Expenses for OVER-THE-COUNTER MEDICATION and HEALTH INSURANCE PREMIUMS are not included in the "HEALTH CARE" definition and cannot be enforced unless specifically ordered.

7. If your order requires you to maintain health insurance that is offered through your employment, and it is available to you at no cost or at a reasonable cost, then you must maintain that coverage.

8. Any medical bills applied to a person's insurance deductible and/or co-payment are deemed uninsured and each party will be responsible as directed by the medical support order.

9. If you believe that the party has received an insurance payment and failed to forward it to you or to the health care provider, please complete a Demand for Medical Payment form and state your reasons why you believe that this has happened.

10. IF YOU ARE THE PARTY REQUESTING ENFORCEMENT, YOU <u>MUST</u> COOPERATE AND IF AT ALL POSSIBLE <u>APPEAR AT ALL HEARINGS</u> REQUIRED BY THE FOC. IF YOU FAIL TO ATTEND, OR MAKE ADEQUATE ARRANGEMENTS, THE MEDICAL MAY NOT BE ENFORCED.

FRIEND OF THE COURT
Renae Topolewski

ASSISTANT FRIEND OF THE COURT
Edward V. Messing, Jr.

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

Information Regarding Orthodontia

Each parent is *obligated* to comply with the Court Order. The Friend of Court recognizes orthodontia as a valid health care expense. The other party should be contacted *first* and made aware of the choice for orthodontia, the total cost, what the insurance will cover, what the payment plan will involve and any other pertinent information regarding the orthodontic bill. We cannot process any orthodontic bill that is past ***one year*** from the date of the ***beginning*** of the contract (the date the braces are placed on the minor child).

If the other party refuses to cooperate regarding the orthodontic bill, then a Friend of Court "Demand for Medical" form can be submitted to our office. In order for our office to be able to process any orthodontic bills we must have specific information. It is our policy that we must receive a detailed contract between yourself and the doctor's office. The party requesting reimbursement must sign this contract and it must show that the party has committed to the payment plan. A contract is not the same as an estimate, which merely shows an expressed interest in orthodontia, rather it commits oneself to the plan. The contract must show what the entire procedure, start to finish including initial fees and monthly fees, will cost. The contract must also show what portion the insurance company will cover. If there is no insurance involved make sure that the doctor's office includes that information on the contract. The orthodontist's office needs to be made aware, that we will be contacting their billing department to verify all information given. We ask that you do not submit receipts on a monthly basis.

After we have received all requested information necessary to process a claim we will calculate what percentage of the entire bill the other party owes and add that amount to the payer's medical account. We calculate what portion of your monthly bill the other party is required to pay each month and we send them notification of that amount. It is both parties' responsibility to maintain, track and record of the orthodontic account.

If you have any further questions, please feel free to contact this office. Thank you for your cooperation in this manner.

Medical Enforcement Investigator