

# Bay County Friend of the Court



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## **INSTRUCTIONS FOR REQUEST OF HEALTH CARE EXPENSES PAYMENTS**

You have requested the assistance of the Office of the Friend of the Court (FOC) to collect/obtain **reimbursement** for health care expenses. The FOC cannot act as your attorney, but will try to assist you to resolve this matter **if you provide the necessary information in the proper manner**, as explained below:

**IMPORTANT!!!** Unless the non-custodial parent SIGNS AS GUARANTOR for health care costs, or in the absence of a Court Order stating otherwise, the FOC considers the custodial parent responsible to the health care provider for payment of all uninsured medical expenses. **It is recommended that the custodial parent make payment arrangements with the provider to prevent any unpaid accounts from going to collection.** You must also contact the other parent and try to collect your reimbursement first.

**ALL BILLS SHOULD BE SUBMITTED IN THE PROPER FORMAT WITHIN SIX MONTHS FROM THE DATE OF PAYMENT. THE FOC WILL NOT ACCEPT BILLS MORE THAN ONE YEAR OLD.**

**IF THE REQUEST IS NOT SUBMITTED PROPERLY, IT WILL BE RETURNED TO YOU.**

### **Before we may assist you, you must:**

- Complete the enclosed **FOC 13** Request for Health Care Expense Payment form
- Attach copies of paid receipts
- Provide one copy of the completed **FOC 13** Request for Health Care Expense Payment and paid receipts **to the other party.**

If you **do not receive payment or reach an agreement with the other party** regarding repayment within 35 days from the date you provided the copy of the **FOC 13** Request for Health Care Expense Payment form and paid receipts to the other party, you must send Friend of the Court:

- A copy of the complete **FOC 13** Request for Health Care Expense Payment form with paid receipts attached that was sent to the other party.
- A **completed FOC 13a** Complaint for Enforcement of Health Care Expense Payment form.

We will enforce uninsured health care expenses which have been paid within six months of the **FOC 13** Request for Health Care Expense Payment. We **will not enforce** uninsured health care expense which result from a parent's choice not to use available health care insurance.

When we receive the **FOC 13a** and a copy of the **FOC 13** with paid receipts attached from you, we will begin the collection process. We may schedule an office conference, file a Petition and Order to Show Cause or pursue modification of an Income Withholding Order in order to determine and/or collect the amount due.

The FOC will make every effort to see that each parent pays his or her fair share of these expenses. However, **your cooperation in providing the above-mentioned information is crucial.** The FOC needs this information to properly assist you to determine which party is responsible for payment.