

**STATE OF MICHIGAN
SIXTH JUDICIAL CIRCUIT
OAKLAND COUNTY****COMPLAINT AND NOTICE FOR
HEALTH-CARE EXPENSE PAYMENT****CASE NO.****Court address**

230 Elizabeth Lake, PO Box 436012, Pontiac, MI 48343-6012

Telephone no.

(248) 858-0424

Plaintiff

v

Defendant

TO:

Obligor's name and address

COMPLAINT

I request the friend of the court to enforce health-care expenses. Attached is the request for health-care expense payment (including all supporting documents) given to the obligor. **I declare that:**

1. I requested payment within 28 days of the date notified of the balance due after insurance payments.
2. This request is for
 - ☐ expenses that are more than the annual ordinary medical amount that can be collected as specified in the support order.
 - ☐ health-care expenses that have been incurred by the payer of support.

3. This complaint is

- ☐ within six months after the date of the insurer's final denial of coverage for the expense.
- ☐ within one year of the date the expense was incurred.
- ☐ within six months after the obligor's default of an agreement to repay (copy of agreement attached).

4. As of this date, the expense information in the attached request for health-care expense payment is true except as follows:

Since the date I mailed the request for health-care expense payment to the obligor, the obligor paid \$ _____

for

and

Name(s) of child(ren)

Name(s) of medical provider(s)

Date

Signature

NOTICE

The friend of the court has been asked to enforce health-care expenses. Unless you file a written objection with the friend of the court within 21 days of the date this notice is sent, the expenses will be added to your support account as a health-care support arrearage for enforcement.

If you timely file a written objection in the manner required, a hearing will be set to resolve the health-care complaint.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this complaint on the parties or their attorneys by first-class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Friend of the Court/Authorized Representative

ORDINARY MEDICAL EXPENSE (OME) TRACKING SHEET

Case number: _____

Case name: V

Either parent may submit extraordinary health care expenses to the other party as described in the Instructions for Filing the Request For Health Care Expense Payment.

Please list in chronological order on this sheet

[illegible]

Receipts or copies of itemized statements must be attached.

*Expenses exceeding the annual ordinary medical expense limit must be listed on the Request For Health Care Expense Payment form. Please submit only one OME Tracking Sheet for each calendar year's expenses.

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY	REQUEST FOR HEALTH-CARE EXPENSE PAYMENT	CASE NO. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Friend of court address

230 Elizabeth Lake, PO Box 436012, Pontiac, MI 48343-6012

Telephone no.

(248) 858-0424

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.**

Obligor's name and address

TO:

Complete expenses incurred on the other side of this form.

Plaintiff

v

Defendant

CASE NO.

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