

## II. Support Orders Which Do Not Include Ordinary/Extraordinary Health Care Expense Provisions

If the last support order entered in your case was entered prior to October 1, 2004, or does not define the amount for Ordinary/Extraordinary Health Care Expenses provisions, and the Payee or Payer of support has paid health care expenses incurred by the children for which he/she seeks reimbursement from the other party of the other party's share, pursuant to the terms of the support order, the party seeking reimbursement must:

- A. Complete and submit a Request for Health Care Expense Payment (FOC 13) to the other party. A timetable and instructions for submitting the Request to the Payer/Payee of support are included with the form.
- B. If the other party fails to pay the requested reimbursement within 28 days of the date of mailing the Request to him/her, the party requesting reimbursement must file a Complaint for Enforcement of Health Care Expense Payment (FOC 13a) and a copy of the Request for Healthcare Expense Payment (FOC 13) with the Lapeer County Friend of the Court. A timetable and instructions for submitting the Complaint to the Friend of the Court are included with the form.

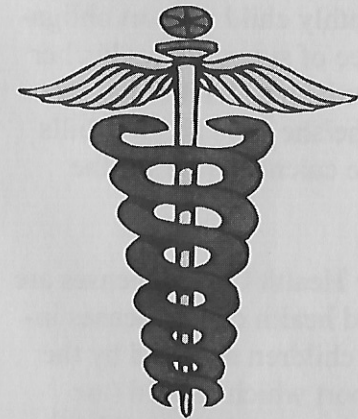
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October 2005

L A P E E R C O U N T Y  
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## Reimbursement of Health Care Expenses



Telephone:  
**(810) 667-0377**

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**Instructions to the  
Payer and Payee of Support Regarding  
Reimbursement of Health Care Expenses**

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**I. Ordinary Health Care Expenses  
and Extraordinary Health Care Ex-  
penses**

If the support order in your case has been modified since October 1, 2004, it is supposed to include provisions regarding Ordinary Health Care Expenses and Extraordinary Health Care Expenses. The Payer of support prepays Ordinary Health Care Expenses as part of his/her monthly child support obligation. The Payee of support pays his/her share of the Ordinary Health Care Expenses when he/she pays medical bills throughout the calendar year for the child(ren).

Extraordinary Health Care Expenses are those qualified health care expenses incurred by the children and paid by the Payee of support which exceed (are greater than) the annual total of Ordinary Health Care Expenses, and those qualified medical expenses incurred by the children and paid by the Payer of support directly to the health care provider.

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**A. Payee of Support:** In order for the Payee of support to receive reimbursement of the Payer's share of Extraordinary Health Care Expenses, he/she must:

1. Maintain records, receipts, etc. of the health care expenses/medical bills he/she pays for the child(ren) during a calendar year.
  2. When the total of the medical bills he/she has paid during any calendar year exceed the annual Ordinary Health Care Expenses (see Section II) for that year for (all of) the child(ren) in the case, the Payee of support must complete and submit a Request for Health Care Expense Payment (FOC 13) to the Payer of support. A timetable and instructions for submitting the request to the Payer of support are included with the form.
  3. If the Payer of support fails to pay the requested reimbursement within 28 days of the date of mailing the request to him/her, the Payee of support must file a Complaint for Enforcement of Health Care Expense Payment (FOC 13a) and a copy of the Request for Healthcare Expense Payment (FOC 13) with the Lapeer County Friend of the Court. A timetable and instructions for submitting the Complaint to the Friend of the Court are included with the form.
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**B. Payer of Support:** All health care expenses incurred for the children and paid directly to the health care provider by the Payer of support are Extraordinary Health Care Expenses. In order for the Payer of support to receive reimbursement of the Payee's share of Extraordinary Health Care Expenses, he/she must:

1. Complete and submit a Request for Health Care Expense Payment (FOC 13) to the Payee of support. A timetable and instructions for submitting the Request to the Payee of support are included with the form.
2. If the Payee of support fails to pay the requested reimbursement within 28 days of the date of mailing the Request to him/her, the Payer of support must file a Complaint for Enforcement of Health Care Expense Payment (FOC 13a) and a copy of the Request for Healthcare Expense Payment (FOC 13) with the Lapeer County Friend of the Court. A timetable and instructions for submitting the Complaint to the Friend of the Court are included with the form.

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