



**48<sup>th</sup> CIRCUIT COURT  
ALLEGAN COUNTY FRIEND OF THE COURT**



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**INSTRUCTIONS FOR FILING THE REQUEST FOR HEALTH-CARE  
EXPENSE PAYMENT, AND COMPLAINT AND NOTICE FOR  
HEALTH-CARE EXPENSE PAYMENT FORMS**

The Friend of the Court (FOC) can only assist you with bills that accrued within one year from the date the expense was incurred (date of service), or within six months after the date of the insurance company's final payment or denial of coverage.

The FOC will make every effort to ensure that each party meets his or her court ordered obligation to pay the uninsured health-care expenses. The party who attends the medical appointment is responsible for payment of the expenses to the provider of the services. The FOC will enforce the other party's financial responsibility only when the following process is followed.

1. Check to see if your court order requires the other party to pay a portion of health-care expenses. (This typically can be found on page 2 of your Uniform Child Support Order).
2. Once an expense is incurred, you must request payment from the other party by completing the Request for Health-Care Expense Payment form (FOC 13) and sending it to the other party after the receipt of the last insurance payment or final denial from the insurance company.
3. Each expense must be entered on the second page(s) of the Request for Health-Care Expense Payment form (FOC 13) in the chart and itemized.
4. You must also provide copies of the bills and insurance explanations of benefits to the other party. The bills should include the following information:
  - The name of the child receiving the services.
  - The name of the health care provider.
  - The date of service.
  - The nature of the service.
  - The cost of the service.
  - Copy of signed orthodontic contract, if applicable.
5. Write your case number and the name of the Plaintiff and Defendant in the appropriate spaces.

6. Make two copies of the entire packet of information, including the Request for Health-Care Expense Payment form (FOC 13), the itemized chart, copies of the health care bills, and copies of the insurance explanations of benefits. Mail one packet to the other parent. Retain the original packet and one copy of the packet.
7. Wait for 28 days after you have sent the copy of the entire packet of information to the other party. If the party pays what is due or makes an acceptable payment arrangement, you don't need to take further action at this time.

**FOLLOW THE STEPS BELOW ONLY IF PAYMENT IS NOT MADE, OR THE OTHER PARENT DOES NOT COMPLY WITH THE PAYMENT ARRANGEMENT**

8. If after 28 days have passed, you have not received payment from the other party, or not come to an acceptable payment plan outside of the courts, or the other parent hasn't complied with the payment arrangement, complete the Complaint and Notice for Health-Care Expense Payment form (FOC 13a) **Complaints must be filed with the FOC within one year from the date the expense was incurred (date of service), or within six months after the date of the insurance company's final payment or denial of coverage, pursuant to MCL 552.511a.**
9. Complete the top portion of the Complaint and Notice for Health-Care Expense Payment form (FOC 13a) through the signature and date lines. Do not complete anything from the Notice portion and down; the FOC will complete those sections.,
10. Send the completed Complaint (FOC 13a) together with a copy of the entire request packet that you saved in step 6., above (FOC 13, itemized chart, bills, insurance explanations of benefits) to the FOC Office. You may hand deliver the packet, or mail, or fax the packet to the FOC Office.
11. The FOC will review your request. If all of the forms are complete and all of the documentation was provided, the FOC will complete the Complaint and Notice for Health-Care Expense Payment form and send the form to both parents, together with an objection form for the other parent.
12. The other parent has 21 days to object to the Complaint. If an objection is received within 21 days, a hearing will be scheduled. If there is no objection received, the amount owed will be added to the support account.
  - If you are the person who receives child support the amount will be added to the other party's balance as past-due support owed to you.
  - If you are the person who pays child support you will receive a credit against any support you may owe or the FOC may create an account for the other parent to pay you.

If you have any further questions, please feel free to contact the Allegan Friend of the Court at (877) 543-2660.