

Friend of the Court address
1697 Lansing Avenue, Jackson, MI 49202

Phone: 517-788-4470
Fax: 517-788-4683

Plaintiff's name and address	Requesting Party <input type="checkbox"/>

vs

Defendant's name and address	Requesting Party <input type="checkbox"/>

INSTRUCTIONS FOR REQUESTING PARTY:

1. Your court order must require the other party to pay a percentage of uninsured health-care expenses.
2. The expense(s) must exceed the "annual ordinary medical" as established in your order, if applicable. (See Eligibility Requirements on Instruction page)
3. Submit this form to the other party **before** presenting your expenses to the Friend of the Court for enforcement. It is not necessary to provide the Friend of the Court with a copy of the Client Demand, unless the other party fails to respond to the demand within 28 days, and you want the Friend of the Court to enforce the medical bills.
4. You must submit your request for payment to the other party within 28 days of either the date of service if no insurance is involved, or within 28 days of the insurance provider's final payment or denial of payment.
5. 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, the total amount to be paid, and the schedule for payment. This must be signed and dated by both parties.
6. In the event it is necessary for the FOC to enforce payment of the expenses, the bills must be presented to the FOC for enforcement on or before the following: one year after the expense was incurred, or six months after the insurer's final denial of payment 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 repayments agreement as set forth above. You must have supporting bills and receipts for the expenses you list. You will be responsible for establishing the expenses and their necessity.
7. You must keep a copy of this form and all attachments for the FOC to use in the event enforcement action is necessary.

TO:

Other party's name

NOTICE TO OTHER PARTY:

You have 28 days from the date of submission to reimburse or respond to the requesting party.

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Plaintiff _____

vs

Defendant _____

Per our most recent court order dated _____, and based on the summary of bills listed, you are responsible for _____ %, or \$ _____.

Name of Child Receiving Service	Name of Provider Physician or Institution	* Date of Service	Nature of Service	Is Statement or Explanation of Benefits attached? (Yes or No)	Total Health Care Expense	Amount Paid By Insurance(s)	** Balance Due	Approved Or Denied	Amount Eligible for Reimbursement
								Total	

Please Note: It is not necessary to provide FOC with a copy of this Client Demand, unless the other party fails to respond in 28 days, and you want Friend of the Court to enforce the medical bills.

*** STOP ***
Do not write past this line – For Court use only

* Your request for enforcement of health care expenses may be denied pursuant to 552.511a, if not submitted timely.
** Balance due: Balance owed after payment by insurance and any adjustments to the total medical cost.

I am requesting payment from you within 28 days. If no response to my request is received within the 28 days, I may use this Demand form as my official Complaint and request Friend of the Court enforcement of your portion of the uninsured health care expenses.

I declare the above statements of past-due medical, hospital, dental or optical bills for the minor child(ren) are the true amounts not covered by insurance, to the best of my information, knowledge and belief. I further confirm that, if "annual ordinary medical" has been ordered on our case that, I have met my minimum ordinary medical expense threshold for this calendar year, and that on this date I submitted a copy of this Client Demand for Medical Payment to the other party.

I understand this Client Demand for medical payment may be denied if all eligibility requirements are not met.

Date Submitted to Other Party: _____ **Requesting Party Signature:** _____