

MEDICAL FACT SHEET

STATE OF MICHIGAN
54TH JUDICIAL CIRCUIT
FAMILY DIVISION
TUSCOLA COUNTY

Effective 12-1-2002

Tuscola County Friend of the Court
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Website: www.tuscolacounty.org

THIS INFORMATION IS PROVIDED TO YOU FOR BASIC CLARIFICATION OF MEDICAL SUPPORT ENFORCEMENT AT THE FOC. IF YOUR QUESTION IS NOT ADDRESSED IN THE FOLLOWING STATEMENTS, PLEASE WRITE TO THIS OFFICE WITH THE SPECIFIC PROBLEM.

1. All medical questions or complaints must be submitted in writing to the Friend of the Court.
2. Bills for health care costs not covered by insurance **MUST** be submitted to the other party with FOC 13 form **within 28 days of either the date insurance has paid on the expenses or the date insurance denies payment**. You must follow the procedure. Forms are available at the above website or at the FOC.
3. Each parent is obligated to **comply with the Court's order** and provide the other parent with:
 - a. an insurance card;
 - b. copies of insurance information and forms necessary to submit claims;
 - c. copies of all determinations made as to the claim previously submitted.

It is further the responsibility of each parent to **assist in the successful completion** and submission of all claims pursuant to such coverage and to **pay over** to the custodial parent or medical services provider **any payments received pursuant to claims** filed on behalf of the minor child(ren).

4. "HEALTH CARE" means the products or services provided or prescribed by a person or organization licensed or legally authorized to provide or prescribe human health care products or services, including, but not limited to, the following professionals: chiropractors, dentists, oral surgeons, orthodontists, prosthodontists, periodontists, endodontists, pedodontists, dental hygienists, dental assistants, medical doctors, physician's assistants, registered professional nurses, licensed practical nurses, nurse midwives, nurse anesthetists, nurse practitioners, trained attendants, optometrists, podiatrists, foot specialists, psychologists, psychological assistants, psychological examiners, clinical social workers and providers of prosthetic devices. It also includes the following health facilities or agencies (even when located in a correctional institution or a university, college, or other educational institution): ambulances, advanced mobile emergency care services, clinical laboratories, county medical care facilities, freestanding surgical outpatient facilities, health maintenance organizations, homes for aged, hospital, and nursing homes (Michigan Child Support Formula, Section IV (D)).

5. Expenses for **over-the-counter medication** and **health insurance coverage** are not included in the "HEALTH CARE" definition and cannot be enforced unless specifically ordered.

6. IMPORTANT!!!! Unless the non-custodial parent SIGNS AS GUARANTOR for health care costs, 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 going to collection.

7. **If your order requires you to maintain insurance** that is offered through your employment, and it is available to you, then you must maintain it even if you must pay for such coverage.

8. **Any medical bills applied to a parent's deductible** under the insurance is deemed uninsured and each party will be responsible as directed by the medical support order.

9. You are responsible for **payment of the percentage established** by the medical support order. If the order does not give percentages, but instead states "...jointly and severally liable..." the FOC interprets that to mean 50/50.

10. The party responsible in the order to provide insurance coverage is considered primary. Thereafter, if the other parent provides insurance, their carrier is secondary, followed by the step-parent with whom the child resides, and then the step-parent with whom the child does not reside (if applicable).

11. Payments collected through the FOC may be included in the custodial parent's support checks as our computer system does not have the capacity to separate medical payments at this time. If your check is an amount different than the amount of support, you may be receiving reimbursement for uninsured health care costs. It is your responsibility to determine where these payments should be applied (i.e. to health care provider or self). Failure to forward any reimbursement to a service provider will result in enforcement action by the FOC.

12. Medicaid requires copies of explanation of benefits before a claim can be paid. Medicaid may or may not pay all of or a portion of what is not paid by insurance. Any unpaid remainder is the parents' responsibility per the terms of the order for uninsured medical expenses.

13. The custodial parent is the parent given the authority to **determine the type of treatment** and the provider; unless an order requires otherwise. The non-custodial parent is responsible for their portion of the uninsured health care cost, **EVEN IF THEY WERE NOT INFORMED OF THE TREATMENT IN ADVANCE OR DISAGREE WITH THE TREATMENT.**

14. In all **elective health care procedures** (i.e. non-emergency situations), the parent obtaining health care for the child(ren), must notify the other parent in advance and in writing regarding the required care and provide proof to the FOC. **EXAMPLE: orthodontics/braces.**

15. If a non-custodial parent has insurance available that is of a PPO, HMO, or EQUIVALENT nature, then the non-custodial parent has satisfied the requirement of obtaining and maintaining insurance for the benefit of the minor child(ren), unless the order specifies that a certain type of insurance must be obtained and maintained. If the custodial parent refuses to utilize the non-custodial parent's insurance, the custodial parent may be liable for up to 100% of the costs incurred.

16. Each party shall **keep the FOC informed of any health care coverage** that is available to them as a benefit of employment or that is maintained by them, the name of the insurance company, health care organization or health maintenance organization; the policy, the certificate, or contract number; and the names and birth dates of the persons for whose benefit they maintain health care coverage under the policy, certificate or contract.

27. **IF YOU ARE THE PARTY REQUESTING ENFORCEMENT, YOU MUST COOPERATE AND APPEAR AT ALL MEETINGS, CONFERENCES AND HEARINGS REQUIRED BY THE FOC. IF YOU FAIL TO ATTEND, THE HEARINGS MAY BE SUSPENDED OR DISMISSED.**