

## **ENFORCEMENT OF UNINSURED HEALTH CARE EXPENSES**

Any health care expenses subsequent to the entry of an Order or Judgment must **FIRST** be submitted by you directly to the other party in a timely manner. A dated letter must accompany the bills when you submit them to the other party.

If the other party has failed to make payment arrangements within 35 days, complete the enclosed demand for medical payment forms and return them to the FOC with the following; Bills/receipts containing the name of child(ren), date of service, reason for visit and amount. **You must provide a copy of the letter sent to the other party requesting payment.** If the bill is a result of orthodontic treatment, you must also include a copy of the orthodontic contract and a payment history.

**THE BURDEN OF ESTABLISHING THE NECESSITY OF THESE EXPENSES WILL REST WITH YOU.**

The total amount owed to you must be a minimum of \$100.00 or the expense be 6 months old. **THE FRIEND OF THE COURT WILL NOT ENFORCE CLAIMS OVER 1 YEAR OLD.**

Our office cannot enforce payments to a third party (physician, dentist, etc.), however the other party may opt to make payment arrangements with a third party if there is a balance owing.

**BE ADVISED – if all requested documentation is not submitted your “demand for medical payment” will be returned to you.**

### **Checklist**

Completed forms \_\_\_\_\_  
Copy of each expense \_\_\_\_\_  
Copy of letter sent to other party \_\_\_\_\_  
Completed affidavit (if applicable) \_\_\_\_\_

**Due to the volume of submissions, please allow 6 weeks for processing.**

Ottawa County Friend of the Court  
PO Box 566  
Grand Haven, MI 49417

**DEMAND FOR HEALTH CARE PAYMENT**

(expenses other than orthodontic)

\_\_\_\_\_  
Other Party's Name

Case # \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**LIST EACH EXPENSE SEPARATELY**  
**IF YOU HAVE ORTHODONTIC EXPENSES COMPLETE FORM ON BACK**

Child receiving service	Physician	Date of service	Reason for visit	Total cost by insurance	Amount paid	Balance due

I declare that the above statements are true to the best of my information, knowledge, and belief and that I mailed a copy of these expenses by ordinary mail to the other party at their last known address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The above expenses have been submitted to the Friend of the Court for enforcement. To avoid further court action these expenses must be paid within 28 days. You must provide our office with proof of your payment to receive proper credit.

\_\_\_\_\_  
**Do not write below this line - Friend of the Court use only.**

**Total medical cost not paid by insurance:**      \$ \_\_\_\_\_

**Percentage owed by payer:**                              x \_\_\_\_\_%

**Total amount due:**    \$ \_\_\_\_\_

Date of mailing by court:  
  
\_\_\_\_\_

**DEMAND FOR HEALTH CARE PAYMENT - ORTHODONTICS ONLY!!**

\_\_\_\_\_  
Other Party's Name

Case # \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**For enforcement of orthodontic expenses you must include the following:**

A copy of the orthodontic contract

An account summary showing all payments

Child receiving service	orthodontist	date contract began	total cost	amount paid by insurance	amount paid/ balance

I declare that the above statements are true to the best of my information, knowledge, and belief and that I mailed a copy of these expenses by ordinary mail to the other party at their last known address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The above orthodontic expenses have been submitted to the Friend of the Court for enforcement. This notice is a demand for payment. Please contact the other party or the orthodontist and arrange for payment of these expenses within **14 days**.

\_\_\_\_\_  
**Do not write below this line - Friend of the Court use only.**

**Total cost of orthodontics:**           \$ \_\_\_\_\_

**Monthly payment amount:**         \$ \_\_\_\_\_

**Percentage owed by payer:**         \_\_\_\_\_%

**Total amount owed by payer:**       \$ \_\_\_\_\_

\_\_\_\_\_  
Date of mailing by court