



Cass County Friend of the Court

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“Cass County is an equal opportunity provider and employer”

INSTRUCTIONS FOR DEMAND OF HEALTH CARE EXPENSES

1. Step 1: Complete and send a Request for Health-Care Expense Payment to the other parent (form: FOC 13), keeping two copies (1 for the FOC and 1 for you) **within 28 days** of receiving final word from the insurance company as to whether or not the expenses are covered by insurance.
 - a. Attached to the Request for Health-Care Expense Payment provide:
 - i. Copies of all bills;
 - ii. Copies of all insurance related statements such as EOB's or Explanation of Benefits.
2. Step 2: Ask the other parent if he/she is going to pay his/her share of the health care expenses.
3. Step 3: If the other parent fails to respond to your request, or the response is not satisfactory, complete the top portion of the Complaint and Notice for Health Care Expense Payment (form: FOC 13a) between the labels COMPLAINT and NOTICE. Then, take this form along with a complete copy of the Request for Health Care Expense Payment with attachments to the FOC to request enforcement assistance from the FOC.
4. THE COURT WILL NOT ENFORCE ANY HEALTH CARE EXPENSES THAT ARE OVER 1 YEAR OLD FROM THE DATE OF SERVICE.
5. Health care expenses are generally added to the support account as a past due amount of support and are collected similarly to child support arrearages.
6. Review your Court Order before submitting your Demand for Health Care Expenses—if there is an annual ordinary medical amount, you must incur that amount of expenses before the other parent is obligated to pay his or her percentage of uninsured medical expenses.