

Directions for Submitting Request for Health Care Expenses Payment (Form FOC 13)

A. Submitting Request for Health Care Expenses Payment to other party:

1. Before submitting a Request for Health Care Expenses Payment to Family Court Services or the other party, refer to your most recent Uniform Child Support order, paragraph #5 titled "Unsure Health Care Expenses" for the percentage split and the ordinary Medical Expense amount. Request for Health Care Expense payment should not be submitted until the Custodial Parent has paid out of pocket medical cost exceeding the stated Ordinary Medical expense amount.
2. Once the Ordinary Medical Expense amount from paragraph #5 of the Uniform Support Order is exceeded, complete the Request for Health Care Expense Payment form (FOC 13) following the instructions on the form:
 - a. Send the following to the other Party
 - First page of Request form using a separate line for each expense.
 - Copies of Bills for listed expenses.
 - b. The medical Bills must be presented to Family Court within 1 year after the expenses were incurred.
 - c. If you and the other party reached an agreement concerning the expenses, the agreement must be in writing, list the expenses to be paid, state the total amount to be paid and provide a schedule for payment. Both parties must sign the agreement. If you and the other party cannot come to an agreement for payment, then follow instructions below for submitting a Complaint for Enforcement of Health Care Expenses to Family Court Services.

B. Submitting Complaint for Enforcement of Health Care Expense payment to Family Court Services:

1. Complete the Complaint for Enforcement of Health Care Expense Payment form (FOC 13a) along with the following documents.
 - a. Court copy of Request of Health Care Expense Payment form (pg3).
 - b. Copies of Bill
 - c. Signed Affidavit of Expenses

Note: If any of the above documents are missing, your Complaint will be denied.

Braces must be submitted with the TOTAL BILL (copy of original contract). Braces already on teeth. No monthly payment will be allowed.

INSURANCE PREMIUMS ARE NOT ALLOWED this expense is already calculated in determining the Child Support Obligation.

2. Family Court Services will process the Complaint. allow the other party 21 days to respond. If the other party does not respond within 21 days from the Complaint date, Family Court will add the requested health care expense as Medical Reimbursement obligation with arrears. If the other party objects to the Complaint, the issue will be referred to a Child Support Specialist to prepare a Recommendation.

AFFIDAVIT OF EXPENSES

Name

Docket (Case/File) Number

I _____ declare that the health care expenses incurred
(Print your name here)

on behalf of the minor child (ren) have exceeded \$ _____ which is the
amount designated in Paragraph #5 of your Uniform Support Order as “Ordinary Medical
Expense.” I have presented copies of the expenses to the other party.

I declare that the above statements are true and correct to the best of my informtion, knowledge
and belief.

Date

Signature

LIST THE EXPENSES APPLIED TO THE ORIDNARY MEDICAL EXPENSE ON THE ATTACHED SHEET