Reimbursement Of Uninsured Healthcare Expenses Information and Packet

Before requesting assistance from the Friend of the Court Office, the party requesting reimbursement must attempt to resolve the reimbursement issues with the other party as follows:

1. After you have paid for services in full, there are no balances remaining except for orthodontics, and the insurance company has paid their portion AND you have paid your Ordinary Medical Expense amount if applies (refer to your court order) you can **now** request reimbursement. Start by completing pages 2, 3 and 4 in this packet. It is required that this packet include copies of supporting documents showing proof of service with child(ren)'s names, payments, receipts, statement of accounts, insurance statements, etc. Make 3 copies of the packet. **Make sure to keep a copy of the packet for your records.**

    A. Mail, email or hand deliver the completed packet to the other party and the Friend of the Court. If **30 days after** that date, you do not receive the reimbursement payment from the other party THEN send the packet to the Friend of the Court and request assistance to collect the reimbursement amount.

    B. **Reimbursement requests can only go back 1 year after the expense was incurred**. For example, if you request reimbursement in March of 2025 the expenses eligible for reimbursement are from March 2024 to March 2025.

    C. You may request Friend of the Court assistance for reimbursement no more than **two times** per calendar year.

2. **Ordinary Medical Expenses (OME):** The requesting party may be required to incur and pay a certain dollar amount of the healthcare costs for the minor child(ren) before the percentages kick in. This is called ordinary medical expenses (OME) and effective 1/2025, the amount is $200.00 per child, per calendar year. Please refer to your court order.

    A. In cases with multiple children, the total uninsured medical amount must be paid by the requesting party as ordered before reimbursement is permitted. For example, for three children, the uninsured medical obligation is $200.00 per child, per year, or $600.00 for all three children for the year. Once the requesting party has paid a TOTAL of $600.00 out of pocket (not $200.00 per child), any out of pocket expenses beyond the $600.00 can be considered for reimbursement. In other words, one child with major medical expenses could satisfy the entire $600.00 yearly amount. If this happens, the second child with out of pocket costs of any amount could be submitted for reimbursement since $600.00 has already been paid meeting the requirement.

3. **Joint Legal Custody:** If joint legal custody is in your court order, you must consult with the other party before making any major medical/dental decisions. Failure to do so may result in the reimbursement being denied. **ORTHODONTICS-BRACES:** If joint legal custody is ordered for the minor child(ren), these procedures are a major decision and require involvement by BOTH legal custodians.

If the packet is incomplete or illegible, ALL documents will be returned to the requesting party, no documents will be filed with the Office.

REQUEST FOR REIMBURSEMENT OF PAID HEALTHCARE EXPENSES

(Use one form **per child** - make copies as needed)

1. Name of parties:_____
2. Case #:_____
3. Name of child_____
4. Total amount of bill(s): _____
5. Total amount Insurance paid: $ _____
6. Reimbursement Amount:_____

I have attached copies of all documents showing proof of the above (statements of accounts from healthcare providers, cash receipts, cancelled checks, documents from the insurance company, etc.)

I am requesting that you pay your portion to me no later than (30 days from today's date): _____ in order to avoid having the Friend of the Court involved. If payment is not received by the date above, I will request the Friend of the Court to enforce the reimbursement provision of our court order.

Date:_____ _____

Signature of Requesting Party

_____

Printed Name

Case Number#_____

CHILD RECEIVING SERVICE/ TYPE OF SERVICE	NAME OF PROVIDER (PHYSICIAN OR DENTIST)	DATE OF SERVICE	DATE OF PAYMENT OF UNINSURED AMOUNT	TOTAL AMOUNT OF BILL	AMOUNT PAID BY INSURANCE (INSURED AMOUNT)	AMOUNT PAID (UNINSURED AMOUNT)	OUTSTANDING BALANCE (SHOULD BE $0 EXCEPT FOR ORTHO)

****** YOU MAY PHOTOCOPY THIS PAGE AS MANY TIMES AS NEEDED******

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

_____ _____

Date **Signature of Requesting Party**

Request for Friend of the Court Assistance Regarding Uninsured Healthcare Expenses

I request that the Friend of the Court Office enforce healthcare expenses, I declare that:

a. This is either the first or second request in this calendar year and I realize that a request cannot be made more than two times in each calendar year; the bills are not over a year old OR duplicate bills from prior requests.

b. The TOTAL amount which the other party owes me in reimbursed healthcare costs for the healthcare services rendered to the minor child(ren) as of this date is $_____.

c. I have mailed, emailed or hand delivered a copy of this request to the other party giving 30 days to respond.

d. I have made a written request to the other party for reimbursement of healthcare costs, within 30 days of the bill(s) being paid by me and the opposing party has failed to cooperate by refusing to pay his/her portion of the out-of-pocket healthcare costs.

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

Date:_____

_____
Signature of Requesting Party

_____
Printed Name

Case # _____

_____
Phone Number

_____
Email

Q&A'S MEDICAL REIMBURSEMENT Q&A'S

How do I figure out the percentage the other party owes me? Refer to your child support order(s) that is/was in effect when the bills were incurred and paid to find the percentages you both owe. Add up all of your receipts and subtract the Ordinary Medical Expense cost you are responsible to pay **first**, then that remaining amount is multiplied by the other party's percentage and that total is owed to you. This total is used on page 3.

What should the medical reimbursement packet have in it? Pages 2, 3 and 4 completed with all supporting documentation such as but not limited to; receipts including the provider's name, child's name, date of service and date paid in full.

How many copies of the packet do I need? You will need THREE copies. Each copy should have all the same documents including the supporting documentation. **1** packet for you, **1** packet for other party and **1** packet for the Friend of the Court.

What do I do after my packets are completed? You must mail, email or hand deliver to the other party. You must wait 30 days from that date to receive payment before asking for Friend of the Court assistance.

What do I do if no payment is received AFTER the 30 days? If after 30 days, no payment is received, you should then send the packet to the Friend of the Court and request assistance. The Medical Specialist will review and verify that the packet is accurate and complete. IF it is, an order will be prepared allowing both parties 21 days to object. IF the packet is incomplete, it will be denied and **all** documents will be returned to you to correct and provide the documentation needed. THE FRIEND OF THE COURT WILL **NOT** KEEP ANY DOCUMENTS IF RETURNED TO THE REQUESTING PARTY.

What happens if an objection is filed? If an objection is filed by either party, the Friend of the Court Referee's Office will schedule a hearing to resolve the matter.

What if no objection is filed? The order will be signed by the Judge and the amount in the court order will be added to the child support account as arrears or a credit depending on obligation status.

What is not eligible for reimbursement? Healthcare insurance premiums are NOT reimbursable, unless there is a specific clause in your court order. Ordinary expenditures for daily healthcare, such as nonprescription medications, vitamins, bandages, etc.,

Before getting started on this packet read your court order(s) to review the Ordinary Medical Expenses clause and verify the percentage amounts.