

## REIMBURSEMENT OF UNINSURED MEDICAL EXPENSES

### Frequently asked questions

#### **What is the Ordinary Medical Expense (OME)?**

Your child support order may contain language pertaining to “ordinary medical expenses” (OME). OME are uninsured health care expenses incurred by your child up to \$403 per child per calendar year. Note: older orders may indicate a different amount. Ordinary medical expenses are to be paid by the payee of support.

#### **What is the Ordinary Medical Amount (OMA)?**

The payee is responsible to pay a dollar amount of uninsured medical expenses each year before the other party must start paying a percentage of subsequent bills. This dollar amount is called the “ordinary medical amount” or OMA. The OMA is calculated per child. If you have more than one child, you must exceed the total amount allocated for the number of children covered in the order to have met your OMA. The OMA renews each January as it is charged in a calendar year. The OMA charge will be pro-rated as necessary.

#### **Why is the Payee responsible for the ordinary medical amount?**

The payer has already been ordered to contribute “medical support” as part of the child support obligation. This medical support charge represents the payer’s contribution toward ordinary medical expenses.

#### **My child receives Medicaid and the payer’s medical support is directed to the State of Michigan.**

Typically, Medicaid covers most expenses; however, if it does not, and the payee does not receive the medical support, the Friend of the Court will determine the payee’s OMA based on the OMA in the order and the payee’s percentage of uninsured medical expenses. Example: OMA is \$403.00, payee’s percentage of uninsured medical is 50%, payee must pay an OMA of \$201.50 before the payer is required to contribute to uninsured expenses.

**Insurance didn't cover all of my child's medical bills. Is the other party required to help me pay for them?**

Most Orders require the parties to share a percentage of any uninsured medical expenses after one party has paid the yearly ordinary medical amount. Refer to your Support Order, to determine what percentage of uninsured medical expenses each party is responsible for.

**I've paid my ordinary medical amount for the year, how do I get reimbursed for subsequent bills this year?**

The other party is entitled to a copy of the bill, and proof that you paid it. He or she is also entitled to proof that you have met your ordinary medical amount for the year. Contact the other party directly; prepare a dated letter outlining the total amount you paid as well as the percentage due to you by the other party. Keep copies of the letter as well as bills and receipts.

**The other party will not pay his or her share of medical bills.**

If, after 45 days, the other party has not reimbursed you or has not made satisfactory arrangements to reimburse you, you may request the assistance of the Friend of the Court.

**What does the Friend of the Court need in order to assist me?**

Fill out the Demand for Health Care coupon. It is available online at [www.miottawa.org/foc](http://www.miottawa.org/foc). You must provide the FOC with a copy of each bill, proof you paid each bill **in full**, a signed affidavit indicating that you have paid your ordinary medical amount for the year and a copy of the letter you sent to the other party requesting reimbursement.

**I cannot afford to pay the bill in full, what should I do?**

Typically, we request that you pay the bill in full before we seek *reimbursement*. In some cases, such as orthodontic treatment, the bill is large and a contract is entered into. If you have an orthodontic contract to make monthly payments on orthodontia, the Friend of the Court will assist you. You must provide a copy of the contract.

**How does the Friend of the Court seek reimbursement of medical bills?**

The Friend of the Court will review your Support Order to determine whether the ordinary medical amount has been paid, what the percentages are and what is owed to you by the other party. If all the information (bills, receipts, affidavit, contract) is provided, an order is then prepared, requiring the other party to reimburse you through the Friend of the Court. With the exception of contracts, the monthly amount of reimbursement will be 2% of the total bill or ½ of the support obligation whichever is greater, but no less than \$50.00 per month. Reimbursement for orthodontia will be ordered at the payment rate outlined in the contract. Either party has 21 days to object to the order. If an objection is made, a hearing is held before a Referee.

**I am the payor of support and medical support; will the Friend of the Court assist me in seeking reimbursement of medical bills I have paid for?**

Yes. If you have paid a bill in full and the other party is ordered to pay the OMA and or a percentage of the bill we will assist you.

**The Friend of the Court will not enforce medical bills over a year old. How do I seek reimbursement?**

The Friend of the Court will seek reimbursement of medical bills that are no older than a year. This does not prevent you from petitioning the Court for reimbursement of older bills. If you need assistance with filing a petition, you may contact the Legal Self Help Center.