



ST. CLAIR COUNTY FRIEND OF THE COURT

31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

INSTRUCTIONS ON COMPLETING REQUEST FOR EXTRA ORDINARY MEDICAL REIMBURSEMENT

Enclosed are reimbursement forms to be used for uninsured health bills, including dental, vision and prescriptions.

- The **Total Cost** column must reflect the total cost for the child on the date of service.
- The **Insurance Payment** column should be the amount paid by any and all insurance for this date of service.
- **Uninsured Balance** is the difference between **Total Cost** and **Insurance Payment**, which is your out of pocket expense.
- Once you have completed the form, please submit it to the other party along with copies of all bills to allow him/her an opportunity to pay you directly for her/his percent of the uninsured amount, making sure to subtract the Ordinary Medical amount if appropriate. *
 - After 14 days, if payment is not received please submit a copy of what was sent to that party.
- Once reviewed, The Friend of the Court will send all to the other party. If there are no valid objections within 21 days, the amount will either be added to the account or, if the non-custodial parent is the one submitting the request, a child support credit may be given.

***Please note that it is not necessary for this information to be sent certified mail, as your signature and date on the form certifies that you sent the information to the other party.**