

STATE OF MICHIGAN 27TH JUDICIAL CIRCUIT NEWAYGO COUNTY Family Division	ORDINARY MEDICAL EXPENSE LOG CALENDAR YEAR _____	DOCKET NO: IV-D NO:
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Friend of the Court Office, 1092 Newell Street, P.O. Box 885, White Cloud, MI 49349

FAX (231) 689-7015

(231) 689-7260

Plaintiff name:

v

Defendant name:

The Ordinary Medical Expense Log is to be used as a record keeping tool for your child(ren) Extra Medical Expenses that exceed the Annual Ordinary Medical Expense based on the number of children on your case.

Example 1: If you have 2 children, the Ordinary Medical Expense per calendar year is \$578.00. If you have ordinary medical expenses of \$700.00 for that calendar year, you may submit a Request for enforcement of Medical Expenses form requesting reimbursement of the extra medical expense of \$122.00 as that is the total amount above the annual amount of \$578.00. If the percentage split is 50/50, the parents are responsible for contributing \$12.04 per month (the payer through the support obligation, the payee contributing directly).

Example 2: If you have 2 children, the Ordinary Medical Expense per calendar year is \$578.00. If you have ordinary medical expenses of \$500.00 for February 2006, there remains \$78.00 of ordinary medical expenses that need to be incurred before you can submit a Request for Enforcement of Medical Expenses form.

If you have additional ordinary medical expenses of \$200.00 for May 2006 that calendar year, you may then submit a Request for Enforcement of Medical Expenses form to FOC requesting reimbursement of the extra medical expense of \$122.00 as that is the total amount above the annual amount of \$578.00.

If the percentage split is 50/50, the parents are responsible for contributing \$12.04 per month (the payer through the support obligation, the payee contributing directly).

The annual Ordinary Medical Expense restarts every calendar year. It continues with the support obligation until further Order of the Court. Changes to the Ordinary Medical Expense amount must be pro-rated for the year in which change occurs.

Example 3: An Order effective August 2005 estimates \$289.00 per year for Ordinary Medical Expenses for 1 child. Because there are 5 months left in the calendar year (August - December), the amount for that year is \$120.40 ($\$289.00 \div 12 \text{ months} = \24.08 per month . $\$24.08 \times 5 \text{ months} = \120.40). If the percentage split is 50/50, the parents are responsible for contributing \$12.04 per month (the payer through the support obligation, the payee contributing directly).

You may submit a Request for Enforcement of Medical Expenses if your Extra Medical expenses on the Ordinary Medical Expense Log exceeds the Annual Ordinary Expense based on the number of children on your case.

To determine the amount on your case, please check the number of minor children on your case.

Annual Ordinary Medical Expense Averages

- 1 child \$289. 00**
- 2 children \$578. 00**
- 3 children \$867. 00**
- 4 children \$1,156. 00**
- 5 children \$1,445. 00**

The Ordinary Medical Expense Log on the reverse side is to be used as a record keeping tool for your child (ren)'s Extra Medical **Expenses** that exceed the Annual Ordinary Expense based on the number of children on your case.

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Plaintiff name:

V

Defendant name:

Name of Child	Physician or Institution	Date of Service	Nature of Service	Total Health Care Cost	Amount Paid By Insurance	Total Uninsured Amt
Total Uninsured Amount	→	→	→	→	→	\$

The Total Uninsured Amount above must exceed your Annual Ordinary Medical Expense depending on the number of children on your case.

Copies of itemized bills / statements for the above ordinary medical expenses do not need to be submitted to the FOC with the Request for Enforcement of Medical Expenses form, unless the itemized bills / statements are for the portion that you are requesting reimbursement for on the Request for Enforcement of Medical Expenses form. However, if the obligated party files an objection to the Request for Enforcement of Medical Expenses, you will be required to provide proof of the above expenses to the Court.

I declare that the above statements of past due medical, hospital, optical and/or dental bills for the minor child(ren) are the true amounts not covered by any insurance, to the best of my information, knowledge and belief.

 Signature

 Date