

## **GRATIOT COUNTY FRIEND OF THE COURT ENFORCEMENT OF MEDICAL EXPENSES**

All bills submitted to our office must include the following information. **DO NOT** submit any health care bill to the Friend of the Court for collection until all available insurance benefits have been paid and you have submitted the bills to the other party and allowed them 28 days to pay. In addition, we can only assist with bills that are submitted to us **within 1 year of the date of service**. Orthodontic bills must be submitted within 1 year of the date the braces were put on. If any of the items below are not included your bills will be returned.

1. To obtain help in collecting **MEDICAL REIMBURSEMENT:**

- a. Name of the child treated.
- b. Date(s) of treatment.
- c. Nature of treatment.
- d. Total cost of treatment. (must not be a balance forward statement)
- e. Amount paid by insurance, including Medicaid, include explanation of benefits.
- f. Prescriptions must include the drug name, not just the RX number.
- g. Name and address of treating physician or facility.

2. **FOR ORTHODONTIC WORK** please submit the following information from the Orthodontist or Dentist:

- a. Name of child treated.
- b. Start date of treatment.
- c. Reason for treatment and statement of medical necessity.
- d. Total cost of the treatment.
- e. Total paid by insurance or rejection notice, include explanation of benefits.
- f. Payment plan for orthodontist office.
- g. Name and address of treating Orthodontist or Dentist.

If your order contains provisions for ordinary medical you must have bills that total the appropriate amount per your order per calendar year (January 1 – December 31) **before** you submit them to the other party or our office for assistance in collection. Any portion of a year would be pro-rated.

Please mail to:      Friend of the Court  
                                 PO Box 157  
                                 Ithaca MI 48847