

Pending Expenses Statement

Michigan Department of Health and Human Services
Third Party Liability Division

BIRTH EXPENSES REQUEST

Reference No.

1. Mother's Full Name

Send to:

Michigan Department of Health and Human Services
Third Party Liability Division
PO Box 30435
Lansing, MI 48909

2. DHS Case Number

3. Mother's Recipient ID

Notes

4. Court Of Action

5. Child's Full Name

6. Child's Date of Birth

7. Child's Recipient ID

Return To:

8. Person Making Request

- Support Specialist
- Friend of the Court
- Prosecutor

For MDHHS Office Use Only

No expenses have been paid at this time, but a Birth Expense Report will be sent if payments are identified.

- Maternity Case Rate and/or Fee-For-Service
- Maternity Case Rate
- Fee-For-Service

Date Received
by MDHHS: _____

Reported By: _____ Date Reported: _

Authority: MCL 722.712, 552.442(2)

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DCH-0491-B (10/15)