

Virginia Birth-Related Neurological Injury Compensation Program

c/o P. O. Box 91739, Richmond, Virginia 23291-1739

804-330-3021

www.vabirthinjury.com

2022 PHYSICIAN ASSESSMENT INVOICE

Please check only **one** and note new fee amounts:

- I am exempt from the \$300 statutory assessment.
- Any physician claiming one or more of the exemptions in Va. Code § 38.2-5020 should complete the Exemption Form Affidavit and return it to the Fund at the address below.
 - **Qualification for one or more exemptions for 2022 is based on your status as of September 30, 2021**
- The \$300 assessment required by Virginia law for nonparticipating physicians is enclosed.
- Payable by check to “Birth-Related Injury Fund” **OR**
 - Payable online at www.officialpayments.com (a convenience fee will be charged by the website provider).
- I wish to be a Participating Physician
- Enclose a \$6200 check payable to “Birth-Related Injury Fund” **OR**
 - Payable online at www.officialpayments.com (a convenience fee will be charged by the website provider).
 - Enclose the signed and dated Participating Physician Agreement
 - **To become a participating provider effective January 1, 2022, your participating physician payment must be received by December 1, 2021.**

PLEASE NOTE: THE PROGRAM CANNOT ACCEPT CASH

Please enclose this invoice with all correspondence and payment to:

BIRTH-RELATED INJURY FUND

c/o SunTrust Bank

P. O. Box 91739

Richmond, Virginia 23291-1739

For address corrections, please fax requests to the Virginia Board of Medicine at (804)527-4426 including name and license number, e-mail medbd@dhp.virginia.gov or call (804)367-4600.



**Virginia Birth-Related Neurological Injury Compensation Program
2022 Participating Physician Agreement**

In consideration of the rights and benefits received from my participation in the Virginia Birth-Related Neurological Injury Compensation Program, and as required by §38.2-5001 of the *Code of Virginia* for my qualification as a "participating physician" in the Program, I hereby agree:

(1) To participate with the Commissioner of Health, or his designee, in the development of a program to provide obstetrical care, including prenatal care, labor and delivery services and postpartum care, to patients eligible for Medical Assistance Services ("Medicaid") and to patients who are indigent and, upon approval of this program by the Commissioner of Health, to participate in its implementation (this agreement does not require participation in the Medicaid program); and

(2) To submit to review by the Board of Medicine in its evaluation of claims submitted pursuant to §38.2-5004.

As to paragraph 1 above, the Commissioner of Health agrees to review the program described and, upon approval, provide for its implementation.

If payment is received by December 1, 2021 this agreement shall be effective from January 1, 2022 through December 31, 2022. For payments received after December 1, 2021, this agreement shall become effective 30 days after the Virginia Birth-Related Neurological Injury Compensation Program receives written notification from the physician.

Physician/Midwife Signature

Executed on (Date-Required)

Physician/Midwife Printed Name

VA Medical License Number (10 Digits)

Current Address

Telephone Number (with area code)

City, State, Zip Code

E-mail (Optional)

M. Norman Oliver MD

Commissioner of Health

Executed on (Date)

Alan L. Page, MD

Executive Director, State Board of Medicine

Executed on (Date)

FOR PARTICIPATING RESIDENTS

Name of Medical School or Residency Facility

Program is: OB Family Practice Other



**Virginia Birth-Related Neurological Injury Compensation Program
2022 Exemption Form Affidavit**

This Affidavit should be completed only by physicians who claim an exemption from the assessment in Va. Code § 38.2-5020.

State of residence _____ City/County of residence _____

I, _____, certify that on September 30, 2021, I was the holder of a valid medical license issued by the Commonwealth of Virginia and, under oath, do hereby swear and affirm that I am a physician:

(Check only the boxes that apply)

1. who is employed by the Commonwealth of Virginia or the federal government and whose income from professional fees is less than 10% of my annual salary (you must be directly employed by the state or federal government).
2. who is enrolled in a full-time graduate medical education program accredited by the American Council for Graduate Medical Education.
Place of Medical Residency _____.
3. who has retired from active clinical practice
4. whose active clinical practice is limited to the provision of services, voluntarily and without compensation, to any patient of any clinic organized in whole or in part for the delivery of health care services without charge.
5. who does not practice medicine in Virginia.

I understand that this statement is given under oath for the purpose of obtaining an exemption from the payment to the Birth-Related Injury Fund of a \$300 assessment required by Va. Code § 38.2-5020 to be paid by all licensed physicians in Virginia who are not Participating Physicians. This Affidavit will be filed with the Virginia Birth-Related Injury Program to obtain the claimed exemption.

Physician Signature

Date

Physician Printed Name

VA Medical License Number (10 digits)

Current Address

Telephone Number (with area code)

City, State, Zip

E-Mail (Optional)