2026 Enrollment/Assessment

October 2025

RE: State Mandated Assessment & Participation Fees

Dear Physician:

For 2026, as in recent years, the Virginia State Corporation Commission has determined that all applicable fees and assessments will be implemented to support the Virginia Birth-Related Neurological Injury Compensation Program. All physicians licensed in Virginia, regardless of specialty, are required to respond annually either by filing an exemption, payment of the non-participating assessment or participation in the Program.

NOTE: if you need to make a payment, you also have the option of doing so online at www.officialpayments.com. A convenience fee will be charged by the web site provider.

THE FOLLOWING ARE INSTRUCTIONS FOR EACH OF THE POSSIBLE RESPONSES.

OPTION 1: CERTIFY YOU ARE EXEMPT

New: You now have the option to submit an exemption completely online. Simply go to https://www.vabirthinjury.com/exemption-form-affidavit/, click on the Physician Exemption tab, then complete the online form. If you prefer to file a paper exemption form, follow the directions below.

Va. Code § 38.2-5020(D) allows a physician to be exempt from paying the mandated assessment if one of five criteria are met — they are listed below. Remember, qualification for one or more exemptions for 2026 is based on your status as of September 30, 2025. You may claim an exemption if on this date you were:

- Employed by the Commonwealth of Virginia or the federal government and income from professional fees from a source other than the Commonwealth of Virginia or the federal government is less than 10% of your annual salary.
- Enrolled in a full-time graduate medical education program accredited by the American Council for Graduate Medical Education.
- Retired from active clinical practice.
- Engaged in active clinical practice that was 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.
- Not practicing medicine in Virginia.

To file an exemption, complete the **green exemption form** and return it along with the invoice in the return envelope provided. Claiming an exemption for any assessment year(s) does not affect the status of your medical license.

Continued on back

Virginia Birth-Related Neurological Injury Compensation Program

Certify you are exempt using this QR code

A lifetime of help

Phone: 804-330-2471
Fax: 804-330-3054
7501 Boulders View Drive
Suite 600
Richmond, VA 23225
www.vabirthinjury.com

If you claimed an exemption for a previous year and still qualify under an allowable circumstance, you *must* complete the enclosed green affidavit and return it along with the invoice in the return envelope provided. Please note this form does not have to be notarized.

If you no longer qualify for one or more of the allowable exemptions, please refer to "Option 2".

OPTION 2: SUBMIT THE ANNUAL NON-PARTICIPATING ASSESSMENT OF $300.00

If you actively practice medicine in Virginia and do not qualify for an exemption or do not participate in the Birth Injury Program, you must submit the annual mandated assessment regardless of your specialty. Please note that paying the $300 fee does not make you a participating provider.

To submit the mandated assessment fee, return the enclosed invoice with your check in the provided envelope.

OPTION 3: PHYSICIANS AND MIDWIVES WHO DELIVER CHILDREN IN VIRGINIA AND WANT TO BECOME A PARTICPATING PROVIDER

Along with providing you with the Program's coverage, state law requires private malpractice insurance carriers to issue a reduction in premium to participating providers.

To become a participating provider, please complete the yellow form (participating agreement) and return it along with the invoice and your check in the reply envelope. **The 2026 participation fee is $6,200.00.** Please note, payment must be received by December 1, 2025, in order for the Participation Agreement to be in effect from January 1, 2026, through December 31, 2026, because there is a 30-day waiting period from the time a payment is received to the time that participation may begin, or coverage becomes effective. A prorated fee is available for physicians and midwives participating for only a portion of the year. For details, please contact the Provider Relations Coordinator at receivables@vabirthinjury.com. Additional information on the benefits of being a participating provider is available on the included *Frequently Asked Questions* page and on our website at **www.vabirthinjury.com**.

The Birth-Injury Program was created in 1987 by the Virginia General Assembly to help relieve a crisis in malpractice coverage throughout the Commonwealth. Physicians, primarily obstetricians, were threatened with an inability to obtain malpractice coverage due to insurers leaving the state. Creation of the Program helped relieve the crisis. Utilizing a no-fault approach, children severely injured at birth and whose situation meets the legislative requirements are placed into the Program in lieu of seeking a tort remedy.

Thank you for taking the time to read and respond to this letter. If you need further information about the Virginia Birth-Related Neurological Injury Compensation Program, please visit our website at **www.vabirthinjury.com**. You can also email us at receivables@vabirthinjury.com.

Thank you,

Virginia Birth-Related Neurological Injury Compensation Program

Virginia Birth-Related Neurological Injury Compensation Program
c/o P. O. Box 91739, Richmond, Virginia 23291-1739
804-330-2471
www.vabirthinjury.com

2026 PHYSICIAN ASSESSMENT INVOICE

Please check only **one** box 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 online at https://www.vabirthinjury.com/exemption-form-affidavit/ or fill out the included paper version and return it to the Fund at the address below.
- Qualification for one or more exemptions for 2026 is based on your status as of September 30, 2025

❑ 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 $6,200 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, 2026, your participating physician payment must be received by December 1, 2025.*

PLEASE NOTE: THE PROGRAM CANNOT ACCEPT CASH

Please enclose this invoice with all correspondence and payment to:

BIRTH-RELATED INJURY FUND
c/o Truist Bank
P. O. Box 91739
Richmond, VA 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
2026 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, 2025, this agreement shall be effective from January 1, 2026, through December 31, 2026. For payments received after December 1, 2025, 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)
Commissioner of Health	Executed on (Date)
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

Fill out Affidavit
Online with QR code

Virginia Birth-Related Neurological Injury Compensation Program
2026 Exemption 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, 2025, 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 must 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