

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

Name:

10 Digit Medical License #

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.