

Virginia Birth-Related Neurological Injury Compensation Program

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

804-330-2471

www.vabirthinjury.com

NAME:

ADDRESS:

VA. MED. LIC. #:

2025 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 2025 is based on your status as of September 30, 2024**
- ☐ 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, 2025, your participating physician payment must be received by December 1, 2024.**

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.