



**Virginia Birth-Related Neurological Injury Compensation Program
2025 Participating Hospital Information Form**

Instructions: Please complete this Participating Hospital Information Form and return it with the Participating Hospital Agreement and a check to the address listed below.

1. Enter total number of live births as reported in schedule 8.2 of your most recent Annual Historical Filing to Virginia Health Information (acting under contract with the Virginia Department of Health): _____ deliveries.
2. Multiply the number of births by \$55.00 = _____.
3. Amount enclosed: \$ _____ (Maximum is \$200,000).

4. **PLEASE PRINT OR TYPE:**

Contact Name: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

E-mail: _____

Federal Identification #: _____

Please return this form, participating agreement and check to:
Virginia Birth-Related Neurological Injury Compensation Program
c/o Truist Bank
P.O. Box 91739
Richmond, VA 23291-1739
Phone 804-330-2471
Fax 804-330-3054



Virginia Birth-Related Neurological Injury Compensation Program 2025 Participating Hospital Agreement Form

Instructions: Return this Participating Hospital Agreement, the Participating Hospital Information Form, and a check in the enclosed envelope.

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

(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 of its obstetrical service by the State Department of Health in the 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.

As to paragraph 2 above, the State Department of Health agrees to evaluate all claims submitted to it pursuant to §38.2-5004.

If payment is received by December 1, 2024, this agreement shall be effective from January 1, 2025, through December 31, 2025. For payments received after December 1, 2024, this agreement shall become effective 30 days after the Virginia Birth-Related Neurological Injury Compensation Program receives written notification from the hospital.

Authorized Title and Printed Name

Telephone Number

Hospital Printed Name

E-Mail

Commissioner of Health

Executed on (Date)