



Virginia Birth-Related Neurological Injury Compensation Program

Online Portal Instructions for Inquiries and Submissions
www.vabirthinjury.com/claimant/claimantportal

Instructions: Within the Program's online portal for questions, complete text box and dropdown options from the link above to make requests and to submit claim reimbursement inquiries.

1. In the text box, enter your **First Name** and **Last Name**.
2. Enter the name of the **Admitted Claimant**. If not applicable for general/other inquiries, enter N/A.
3. Enter your **affiliation** with the Program. Options include:
 - Claimant Family
 - Agency
 - Caregiver (Family or Independent)
 - General Public
 - Hospital System
 - Insurance Carrier
 - Community Partner
 - Physician/Medical Provider
 - Vendor
 - Other
4. Select your **Inquiry Type**. Click on the dropdown arrow on the right of this question to make your selection. Press your Control key (CTRL) and plus sign (+) simultaneously to make more than one selection.

- Agency/Attendant Care
- Caregiver - Family
- Caregiver - Independent
- Co-pays (doctor and therapy)
- Counseling
- Augmentative Device
- Cell Phone
- Dental Care
- Durable Medical Equipment (DME)
- Diapers/Wipes/Gloves/Pads/Etc.
- Experimental Therapy
- Formula/Nutrition/Probiotics
- Funeral/Grief
- Health Care Visit
- Health Insurance Premium - Reimbursement
- Health Insurance Premium - Paid to 3rd Party Admin
- Hospital Bills
- Housing - Modifications
- Housing - Trust Homes
- Housing - Rent
- Long-Term Care/Facility
- Medical Expenses Not Covered by Insurance
- Mileage Reimbursement
- Over the Counter (OTC) Supplies/Supplements

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- Portal Troubleshooting
- Prescription/Medication
- Postage Reimbursement
- Rehabilitation/Therapy
- Therapeutic Toys
- Travel (over 100 miles)
- Van Insurance Reimbursement
- Van/Transportation - Request
- Van/Transportation - Loaner Van
- Van/Transportation - Replacement
- Van/Transportation - Repair
- Van - Return
- Van - Return (payment received)
- Van - Other
- Wage Benefit
- Other (not listed)

5. Enter your **Telephone Number**.

6. Enter your **Email Address**.

7. If your inquiry is regarding a reimbursement claim submitted to BPA prior to November 2024, please use your mouse to click/select the **Yes** button.

8. Enter a(n) **message/explanation/question(s)** about your inquiry (optional).

9. Upload documentation (up to 25 documents) from your device or desktop. Hoover your mouse or device pointer to click on the **Browse Files** text box to access your device or use the drag and drop method. Documents may be in PDF (portable files), JPG (photos) or Word (character-based) formats.

10. Go to the **Print Form, Save** or **Submit** final step (see below).

Save & Submit Options

1. Select the **Print Form** button to review or print a PDF version before submission. Click the **Back to Form** arrow button in the top left corner to return to the form. Click **Submit**.

2. Click **Save** if you need to start and return to the form later (not all at one time). You have 90 days to save and return to the form. You will receive an email link allowing you to resume your submission later.

3. Click the **Submit** to submit your form.

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Special Features – NEW!

- Drag/drop feature to expedite upload documents.
- Online form submissions simplified (i.e., caregiver timesheets, claim reimbursement forms, etc.).
- Monitor the **Progress Bar** providing real-time status for completion of the 9 questions.
- Automatic (instant) email confirmation page acknowledgment that the Program received your inquiry.
- Portal troubleshooting is available via the Claimant Portal, **Inquiry Type**, select Portal Troubleshooting. Use the **Message/Explanation** box to share your questions.
- Checklists to assist with the documentation required and process for claim reimbursement.
- Option to submit separate inquiries (i.e., van/transportation, caregivers, wage benefit, etc.)

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