Virginia Birth-Related Neurological Injury
COMPENSATION PROGRAM

2027 Participating Hospital Information Form

1. Enter total number of live births as reported in your most recent Annual Historical Filing to Virginia Health Information (acting under contract with the Virginia Department of Health):

   Total number of live births: _____

2. Multiply number of births by $55.00 and enter total amount:

   Total number of live births x $55.00: $ _____

3. Enter amount enclosed:

   Amount enclosed (Maximum $200,000.00): $ _____

4. Provide the following information:

Contact Name: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Federal Employer Identification Number: _____

Please return this form, the *Participating Hospital Agreement*, and payment by check to:

Virginia Birth-Related Injury Fund c/o Truist Bank
P.O. Box 91739
Richmond, VA 23291-1739

The *Participating Hospital Agreement* and payment **must be received by December 1, 2026,** for coverage to begin on January 1, 2027.

If you have questions, please contact us by phone (804) 653-4991 or email at receivables@vabirthinjury.com.