Virginia Birth-Related Neurological Injury
COMPENSATION PROGRAM

# 2027 Physician Assessment Invoice

**Name:** _____

**Virginia Medical License #:** _____

All physicians licensed to practice in Virginia are required by the Code of Virginia to pay the Virginia Birth-Related Neurological Injury Compensation Program an annual $300 assessment. This applies to all physicians regardless of their practice area unless the physician claims an exemption. For more information about physician assessments and participating physician fees see the Code of Virginia § 38.2-5020.

*Please check only one box:*

☐ The $300 assessment required by Virginia law for nonparticipating physicians is enclosed.
- Payable by check to "Virginia Birth-Related Injury Fund" OR
- Pay online at vabirthinjury.com

☐ I wish to be a Participating Physician.
- Enclose the signed and dated *2027 Participating Physician Agreement*
- Provide payment of $6,200 by check to "Virginia Birth-Related Injury Fund" OR Pay online at vabirthinjury.com by December 1, 2026
- After January 1, 2027, physicians who wish to become a participating physician for 2027 must contact the Program at receivables@vabirthinjury.com to determine an effective date and a pro-rated participation fee.

☐ I am exempt from the $300 assessment.
- Any physician claiming one or more of the exemptions in the Code of Virginia § 38.2-5020 should complete the *Exemption Affidavit Form* online at vabirthinjury.com.
- Qualification for one or more exemptions for 2027 is based on your status as of September 30, 2026.

Please enclose this invoice with all correspondence and payment to:

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

Please Note: The Program cannot accept cash

*Payment Portal*

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.

☐ Check here to receive future assessment invoices electronically.

**Email Address:** _____

For questions about the physician assessment or becoming a participating physician please contact us by phone (804) 653-4991 or email at receivables@vabirthinjury.com.