Virginia Birth-Related Neurological Injury COMPENSATION PROGRAM

2027 Participating Physician Agreement

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

(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 by the Board of Medicine in its 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.

If payment is received by December 1, 2026, this agreement shall be effective from January 1, 2027, through December 31, 2027. For payments received after December 1, 2026, this agreement shall become effective 30 days after the Virginia Birth-Related Neurological Injury Compensation Program receives written notification from the physician.

Physician/Certified Nurse Midwife Signature	Executed on (Date)
Physician/Certified Nurse Midwife Printed Name	Virginia Medical License Number (10 Digits)
Current Address	Telephone Number (with area code)
City, State, Zip Code	Email (Optional)
Commissioner of Health	Executed on (Date)
Executive Director, State Board of Medicine	Executed on (Date)

FOR PARTICIPATING RESIDENTS

Name of Medical School or Residency Facility

Program is: ☐OB ☐ Family Practice ☐ Other