



RateFast Express Impairment Rating Agreement

Employee Information					
Name (Last, First, Middle):					
Date of Injury (MM/DD/YYYY):			Date of Birth (MM/DD/YYYY):		
Claim Number:			Employer:		
Claims Administrator Information					
Company Name:			Contact Name:		
Address:			City:		State:
Zip Code:	Phone:		Fax:		
E-mail Address:					
NCM Name:			NCM E-mail Address:		
Vendor Service Information					
Vendor Name: RateFast			Contact Name: Chris Hall		
Address: 2360 Mendocino Ave., Ste. A2-325			City: Santa Rosa		State: CA
Zip Code: 95403	Phone: (707) 484-5778		Fax: (707) 921-7924		
E-mail Address: express@rate-fast.com			Tax ID Number: 46-1201548		
Fee Agreement for Requested Service					
<ul style="list-style-type: none"> \$1125 for each body part rated, includes 50-pages chart review and MD Signature \$150 per each additional 25-page units of chart review 					
Signature: Authorized Agent/Claims Administrator:					Date:

Step 1. SELECT BODY PART(S) FOR RATING

SPINE:	UPPER EXTREMITIES:	R	L	LOWER EXTREMITIES:	R	L	HERNIA:	R	L
<input type="checkbox"/> Cervical	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thoracic	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skin	Thumb	<input type="checkbox"/>	<input type="checkbox"/>	Great Toe	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric	Index	<input type="checkbox"/>	<input type="checkbox"/>	Lesser Toe(s)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Pulmonary/COVID	Middle	<input type="checkbox"/>	<input type="checkbox"/>	Other Body Parts:					
	Ring	<input type="checkbox"/>	<input type="checkbox"/>						
	Little	<input type="checkbox"/>	<input type="checkbox"/>						

Step 2. Securely email or fax this coversheet and the following to RateFast Express:

- The Doctor's First Report AND the most recent PR-2 report
- All surgical/procedure notes AND most recent consult notes for each injury
- The most recent imaging and diagnostic reports for each injury

RateFast Express Email: express@rate-fast.com Fax: (707) 921-7924