



RateFast Express Impairment Rating Authorization 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 for CA Claims, or Prepared for PTP Signature outside of CA. ● \$150 per each additional 25-page units of chart review ● *Important Notice: RateFast Express is a 3rd party consulting service. Because RateFast Express is not the claim's PTP or a QME, our special pricing is based on this agreement alone and does not fall under CA OMFS or ML fee schedules. Per this agreement, invoicing and subsequent payments are routinely submitted by adjusters as an "other expense" rather than being subject to billing review or CPT code compliance. So, please let us know prior to approving the requested impairment rating report, if you require any additional documentation or forms other than the RateFast Express standard invoice for the adjuster to approve and expedite payment. <small>cmh 1/1/24</small> 			
Signature: Authorized Agent/Claims Administrator:			Date:

Step 1. SELECT BODY PART(S) FOR RATING

	UPPER			LOWER			HERNIA:		
SPINE:	EXTREMITIES:	R	L	EXTREMITIES:	R	L		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 CA PR-2 report / Exam note
- 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 (preferred): express@rate-fast.com Fax: (707) 921-7924