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:			
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			
• $975 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
☐ Cervical	Shoulder	☐	☐	Hip	☐	☐	Inguinal	☐	☐
☐ Thoracic	Elbow	☐	☐	Knee	☐	☐	Umbilical	☐	☐
☐ Lumbar	Wrist	☐	☐	Ankle	☐	☐			
	Thumb	☐	☐	Great Toe	☐	☐	Vision	☐	☐
☐ Skin	Index	☐	☐	Lesser Toe(s)	☐	☐			
	Middle	☐	☐				Hearing	☐	☐
☐ Psychiatric	Ring	☐	☐	Other Body Parts:					
	Little	☐	☐						
☐ Pulmonary/COVID									

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**