



Dear Claims Adjuster,

The primary treater assigned to this claim has determined that the accepted injured body part has now reached MMI and is ready for impairment rating.

The primary treating physician has requested to use the RateFast Express service to assist in the completion of the impairment report.

RateFast Express is a third-party service specializing in preparing impairment rating reports based on analysis of the doctor's documented findings.

RateFast Express helps ensure compliance with state regulations and administrative rule sets (such as the AMA Guides to Impairment Rating), improves accuracy, and decreases settlement time. RateFast Express reports address all required areas: impairment rating, apportionment, pain add on, return to work limitations, etc.

When the RateFast Express report is complete (3 to 5 business days), the primary treating physician will review the report for consistency and confirm it accurately reflects his/her medical opinions, then adopt the report by signature.

Attached is the request for authorization for the RateFast Express services with billing explanation and the W9 form for Alchemy Logic Systems Inc. dba RateFast.

Please let us know if you have any questions,

Nurse Case Manager



RateFast Express Authorization Form

All fields required to process impairment rating.

Service Requested: RateFast Express Impairment Rating	
Billing information (calculated using RateFast Express Pricing calculator):	
Employee Information	
Name (Last, First, Middle):	
Date of Injury (MM/DD/YYYY):	Date of Birth (MM/DD/YYYY):
Claim Number:	Employer:
Nurse Case Manager Information	
Case Manager Name:	
Email:	Phone:
Fax:	
Claims Administrator Information	
Company Name:	
Address:	City:
State:	Zip:
Adjuster Name:	
Email:	Phone:
Fax:	
Billing Contact Name:	
Email:	Phone:
Fax:	

Claims Administrator Authorization

Name:
Signature:
Date:

Call Chris Hall at (707) 484-5778 with questions. See next page for W9. Make checks payable to:

RateFast
 Attn: AP Dept. / Christopher Hall
 125 South Main Street, Ste. 409
 Sebastopol, California 95472

*Cost for service determined by the number of injured body parts and the amount of chart documentation submitted for review. Single body part report: \$500.00. Two body part report: \$650.00. For each additional body part: \$325.00. Up to 25 pages of chart included per body part. Additional pages cost \$125.00 per unit of 1 to 25 pages. RateFast physician review and signature: \$250.00. For the calculator, see link in "Billing Information" above or visit: https://blog.rate-fast.com/rfx_pricing/.



RateFast Express Cover Sheet for

Fax To: (707) 921-7924

Employee Information	
Name (Last, First, Middle):	
Physician PTP Information	
Provider Name:	
Practice Name:	
Specialty:	NPI Number:
Office Address:	City:
State:	Zip:
Contact information:	

Injured Body Parts (check boxes below):

Spine:

Cervical

Thoracic

Lumbar

Upper Extremities:

Rt / Lt Shoulder

Rt / Lt Elbow

Rt / Lt Wrist

Hand:

Rt / Lt Thumb

Rt / Lt Index Finger

Rt / Lt Middle Finger

Rt / Lt Ring Finger

Rt / Lt Little Finger

Lower Extremities:

Rt / Lt Hip

Rt / Lt Knee

Rt / Lt Ankle

Rt / Lt Great Toe

Rt / Lt Lesser Toes

Skin:

Skin

Vision:

Rt / Lt

Hearing:

Rt / Lt

Psychiatric:

Comment: _____

Inguinal Hernia:

Rt / Lt

Umbilical Hernia:

Rt / Lt

Other:

Specify: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.