**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: | | | | | | | |
| Genex 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** | | | | | | | |
| * $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 |
| * 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**](mailto:express@rate-fast.com)**Fax: (707) 921-7924**