

<b>PD Rating Request Form</b>	<b>Check for Rush Service:</b>		← 1 Business Day \$75
↓ (X) Check Required Service		← Same Business Day \$95	← 2 Business Days \$50

<p><b>←Basic Consultative Rating:</b></p> <ul style="list-style-type: none"> <li>• <b>Disability Formulas based on evaluator's reported Impairment.</b></li> <li>• Only corrections to mathematical miscalculations and incorrect pie charts interpolations.</li> <li>• Adjustments under the 05PDRS, 97PDRS or 88PDRS.</li> <li>• Minimal compliance comments may be included if impairment contrary to AMA Guides, 5th Edition.</li> <li>• <b>Apportionment under both Labor Code Section § 4663 &amp; 4664 will be applied.</b></li> <li>• <b>Includes the Traditional AMA Guides Rating and Alternative Rating under Almaraz/Guzman.</b></li> </ul> <p style="text-align: right;">One medical report: \$95-165+ - Multiple Reports 175-245 (Or 5+ Body Regions+</p>
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<p><b>←Comprehensive Rating Analysis:</b></p> <ul style="list-style-type: none"> <li>• Annotates findings in support of the correct rating under the Guides or Almaraz/Guzman.</li> <li>• Considers duplication within the multiple evaluations for different body organs / systems</li> <li>• <b>Includes Traditional and alternative ratings under Almaraz/Guzman (with/without corrections).</b></li> <li>• Corrects miscalculations of WPI and annotates deficiencies &amp; inconsistencies of the report to AMA Guides and rating procedures, including missing or incomplete evaluation criteria</li> <li>• Recommends Corrected Disability Ratings &amp; Comparative Impairment-As-Reported Formulas.</li> <li>• <b>Provides Annotations specifying missing information required from the evaluator in the determination of an accurate Impairment Calculation</b> One Report \$225- 265+ Multiple 295- 395+</li> </ul>
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**←If Comprehensive Rating Request requires a DEU Rating and/or Private Rating Review**

<b>Return By</b>	← <b>E-Mail</b>	← <b>Fax</b>	<b>Schedule</b>	← <b>88/97PDRS</b>	← <b>2005/2013PDRS</b>
	↑ <b>E-Mail Address</b> ↑			↑ <b>Fax Phone #</b> ↑	
	↑ <b>Name of Requestor</b> ↑			↑ <b>Direct Voice Phone # w/Ext</b> ↑	
	↑ <b>Carrier/Adjusting Agency/Employer</b> ↑			↑ <b>Claim / File # / WCAB File # / DEU #</b> ↑	
	↑ <b>Employee Name</b> ↑			↑ <b>SS # (Last 4 Numbers)</b> ↑	
	↑ <b>Employer</b> ↑			↑ <b>Occupation</b> ↑	
	↑ <b>Date of Injury / CT Date</b> ↑			↑ <b>Date of Birth / Age On DOI</b> ↑	
	↑ <b>Injury To</b> (Joint / Organ / Body Segment or Systems) ↑				
	↑ <b>Average Weekly Rate (AWR)</b> ↑	<b>Optional</b>		↑ <b>PD Weekly Rate</b> ↑	

<b>Check (X): Medical Report (s)</b>				<b>Remarks/Special Instructions:</b>
← <b>PTP</b>		← <b>PTP Consult</b>		
← <b>PQME</b>		← <b>APQME</b>		
← <b>Other</b>		← <b>AME</b>		
← <b>Medical File / Multiple Reports *</b>				

\*To mail a complete file/multiple reports: email [craig@pdratings.com](mailto:craig@pdratings.com) for mailing address.