

PDRater.com – Certified Rating Request

FAX TRANSMITTAL COVER SHEET

To:	PDRater.com	From:	<input type="text"/>
Fax:	510-291-2291	Company:	<input type="text"/>
Today's Date:	<input type="text"/>	Address:	<input type="text"/>
Total pages:	<input type="text"/>		<input type="text"/>
		Telephone:	<input type="text"/>
		E-mail:	<input type="text"/>

Claimant Information

Employer:	<input type="text"/>
WCAB ADJ Number:	<input type="text"/>
Claim Number:	<input type="text"/>
Name:	<input type="text"/>
Date of Injury:	<input type="text"/>
Date of Birth:	<input type="text"/>
Occupation/Job Description:	<input type="text"/>

Type of Rating:

- "Old Schedule"
- AMA Rating
- Both

(Just \$195/per report!)

Just send this form and the permanent and stationary report by e-mail to ratings@pdrater.com or by fax to 510-291-2291

Questions?

Website: PDRater.com
Phone: 1-800-859-1870 ext. 1
E-mail: ratings@pdrater.com