



John W. Alchemy, M.D., A Medical Corporation
2360 Mendocino Ave., Suite A-2 325, Santa Rosa, CA 95403
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IME CHART FILE REVIEW ORDER FORM
Non-Legal Binding IME Agreement

Provider Information

John Alchemy, MD
Independent Medical Evaluation
2360 Mendocino Avenue, Suite A2-325
Santa Rosa, CA 95403
Phone: (707) 304-7579
Fax: (206) 338-3005
Email: Rhianna@JohnAlchemyMD.com

Note: W9 attached at end of document

Instructions to carrier:

- 1) Fill out all highlighted sections
- 2) Send payment to: John Alchemy MD Corp
2360 Mendocino Ave. Ste A2-325, Santa Rosa, CA 95404
- 3) Questions: John@johnalchemymd.com or 707.483.4346

1. Purpose of Engagement

This engagement is for a records-only Independent Medical Evaluation (IME) Chart File Review to provide a non-legal binding medical opinion regarding AOE/COE (Arising Out of Employment / Course of Employment) as requested by the insurance carrier, third-party administrator, or self-insured employer.

This service does not include an in-person evaluation, QME/AME services, deposition testimony, or supplemental reporting unless separately authorized in writing.

2. Employee / Claim Information

Employee Name (Last, First, Middle): _____

Date of Injury (MM/DD/YYYY): _____

Date of Birth (MM/DD/YYYY): _____

Claim Number: _____

Employer: _____

3. Claims Administrator Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

4. Scope of Review

The review includes evaluation of submitted medical records, diagnostic studies, claim documentation, and other materials provided. A written narrative opinion will address causation, medical probability, and AOE/COE determination.

5. Fixed Fee Agreement

Flat Fee: \$1,500.00 (Includes up to 250 pages of records) paid in advance of work.

Additional Records: \$250 per additional 100 pages

Supplemental Report (if requested): \$750

Payment due prior to report creation unless otherwise agreed in writing.

Fees are non-refundable once received.

6. No Treating Relationship

This engagement does not establish, and shall not be construed to establish, a physician- patient relationship between Dr. John Alchemy and the employee. Dr. Alchemy is acting solely as an independent medical evaluator based upon records provided.

7. Limitation of Reliance

The medical opinion rendered herein is advisory in nature and is prepared solely at the request of the identified carrier or authorized claims administrator for internal claim evaluation purposes only. This report is not intended for, and shall not be used for, judicial submission, litigation, arbitration, mediation, settlement approval proceedings, or any quasi-judicial administrative proceeding.

No third party, including but not limited to the employee, applicant's counsel, defense counsel, medical providers, employers, governmental agencies, or courts, may rely upon, reference, distribute, or submit this report without the prior express written consent of Dr. John Alchemy. Any unauthorized use, reliance, citation, or submission is strictly prohibited.

This opinion is based exclusively upon the records provided. Dr. Alchemy assumes no responsibility for incomplete, inaccurate, altered, or omitted records. No independent verification of factual assertions has been performed unless expressly stated. The conclusions expressed are limited to the information available at the time of review and may change if additional material information becomes available.

This report does not establish a physician-patient relationship, does not constitute treatment, and does not create any duty of care to the employee or to any third party. The sole duty owed is to the requesting party under the terms of the engagement agreement.

To the fullest extent permitted by law, Dr. John Alchemy, RateFast, and affiliated entities disclaim all liability to any non-contracting party for any direct, indirect,

incidental, consequential, special, punitive, or exemplary damages arising from the use or misuse of this report. Any unauthorized reliance shall be at the sole risk of the relying party.

8. Judicial Submission Disclaimer

Any recipient of this report is instructed that the report shall not be submitted to a Workers' Compensation Judge in any proceeding to approve a Settlement Agreement. If it is so submitted, the submitter stipulates that Dr. John Alchemy and John Alchemy MD A Medical Corporation shall have no responsibility for such submission.

9. Indemnification

The requesting party agrees to indemnify, defend, and hold harmless Dr. John Alchemy, RateFast, and affiliated entities from any claims, damages, liabilities, costs, or attorneys' fees arising out of misuse, unauthorized submission, alteration, or reliance upon this report beyond its intended advisory purpose.

10. Governing Law and Venue

This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflict-of-law principles. Any dispute arising out of or relating to this engagement shall be brought exclusively in the state or federal courts located in Sonoma County, California. The requesting party hereby consents to personal jurisdiction and venue in such courts.

Authorized Requesting Party

Name: _____

Title: _____

Signature: _____

Date: _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
John W Alchemy Medical Corporation	
2 Business name/disregarded entity name, if different from above.	
Impairment Rating Specialist	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate	
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____	
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.	
☐ Other (see instructions) _____	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	Exempt payee code (if any) _____
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
(Applies to accounts maintained outside the United States.)	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
2360 Mendocino Ave Ste A2-325	
6 City, state, and ZIP code	
Santa Rosa, CA 95403	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
2	7	-	1	5	4	7	7	5 9

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person <i>John Alchemy, MD, QMC, DABFP</i>	Date <i>1-5-2026</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they