To begin generating claims for billing from ATS you will need to make sure the appropriate information has been entered in the system.

Turn on the billing option by clicking the module on the list in Site Info

stem ®	D								
ventory	Keports	Admin Site	Windows Info	Help					
đ	📘 Site Info - KD	S School							
0	Primary Module	es Security Tab	Order Opt(1) Op	t(2) Opt(3) Si	wipe Card Billin	g Claims/EDI	Pre-Login	Kiosk Custom In	ventory
	+ Athlete	Portal		^	Concus	sion Evaluation	Parts		B
	+ C Evalua	ition			Full Ev	al Includes:	Qı	uick Eval Includes	
	+ V Family	Communication	5		✓ Syr	nptoms	_ ^ ⊻	Symptoms	~
	- Genera	əl			Gla	sgow		Glasgow	
	Athlete	e Forms			Ne Ne	urological		Neurological	
	Billing				⊻ Re	call		Recall	
	Concu	ssion			✓ Re	call(Delayed)		Recall(Delayed)	
	Distrib	ute Medication				ordination		Coordination	
		nents			Ma	ttocks		Mattocks	
		ency Contacts			Exe	ertion		Exertion	
		ations			Bal	ance		Balance	
	Functi	onal Movement	Evaluations		⊡ eFi	es		eFiles	
	High S	chool Research	h		Not	es		Notes	
		tion Alerts			⊻ Sta	ff Forms		Staff Forms	
		nce			⊻ Ne	ck Exam		Neck Exam	
		e Tracking			Ba	:kground		Background	
	Medic	ation			Ser	nsor/Device		Sensor/Device	
	MSC F	orms			Orio	entation		Orientation	
					Cor	ncentration		Concentration	
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	Resto	ck Medication					~		
	Cabad	hilina		×	-				1000
	Apply Unche	cked Modules	Ø	Securi	ty	_			
	Select All	Unselect All	Expand All C	Teams	s Modules	Email Gro	oups	Email/Opt Ad	ministr
					No Report	Access		Allowed to 3	Submit/
				Si 🔽 🖌	Now Repo	rt Printing			t Expo
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					Jser can S	ee All Injurie	es on ti	he Athlete Del	ails So
oillina opt	ion will	also nee	ed to be	Modu	le			Acce	ss
				Athlet	e Forms			None	
cked" for	the app	licable u	sers	Athlet	e Screen			None	
				Billing				None	
				Conc	ussion			None	
				Conce				HOLE	
				Distric	oute Medicat	ion		None	1

Once this option is "checked" and saved, all off the billing information will be active. You will see billing info on the screens for Site Info, Users, Providers, Modalities, Rehabs. Once you logout and login again you will also see new screens and reports for billing. Set up your organization billing information on the Site Info screen

B					
ory	Reports	Admin	Windows	Help	
4		Site	Info		

Enter all of the information on the "Billing" tab. This information will be used when generating the HCFA 1500 form and adjusting the horizontal and vertical form printing alignment.

Billing Provider Name & KDS Spots Provider	
Billing Provider Default Service Facility Name & KDS Sports Provider Name & KDS Sports Provider	
Name & KDS Sports Provider Name & KDS Sports Service Provider	18
Address: 24 Billing Drive Grove City, PA 16127	
Phone: (111) 111-1111 NPI #: 1231231231 NPI #: kdsnpi3333	
Other ID: 1231231232 Qualifier: OB Other ID: otro33343423 Qualifier:	~

Update the Modality and Rehab lists to include the applicable cost.

Users Maintenance	•	Drondown/Ponun Lists		Undate Dword	Denun I	
		Diobrowm, ohnh Fists		update Dropd	own/Popup L	1515
Popup Area Maintenance						
Popup Area						
Modalities			-			
					1	
Description	Abbrev	Popup Area Maintenance			1	
		Popup Area				
Vound Care		Rehablist				•
ce Wrap	ace		106		14. SA	
old Whirlpool	CWP	Description	Abbrev	Cost Amount	Sort - Active	e Index A
assive Range of Motion	PROM					
ctive Range of Motion	AROM	Aureneelde	A	e10.00	1	1100 -
oftTissue Massage	STM	4-way drikle	4-Wdy drikie	\$10.00		1245
rigger point release	TPR	4 way test	4-way test	\$10.00 ¢10.00		11109
lyofascial release	MYR	Away toping	Away 100king	\$10.00 e0.00		1246
lectrical Stimulation- PreMod	Stim1	andle ex	ankle ev	\$0.00	1 5	1110
e	lce	ankle pumps	ankle numne	\$0.00		1111
	Ice Chip	Balance Pad	Balance Pad	\$15.00	1 0	1112
ce chips			ball ande	\$0.00	1	1113
ze chips ze Pack	Iceraci	ball curts	- DAU 11105			
ze chips ze Pack ze Massage	IcePaci	Ball Squeeze	Ball Squeeze	\$15.00	1	1114
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e chips be Pack te Massage leat Pack leat	icePaci iceMas HeatPa Heat	ball curis Ball Squeeze Ball Wall Squats BAPS	Ball Squeeze Ball Wall Squat BAPS	\$15.00 \$5.00 \$0.00	1	1114 1115 1116
e chips ze Pack ze Massage leat Pack leat Fatherching Extended	IcePaci IceMas HeatPa Heat	ball curis Ball Squeeze Ball Wall Squats BAPS BAPS Board	Ball Squeeze Ball Wall Squat BAPS BAPS Board	\$15.00 \$5.00 \$0.00 \$25.00	1 0 1 0 1 0	1114 1115 1116 1117
e chips se Pack teat Pack leat Pack leat F stretching lecord: []] [] [] [] [] [] [] [] [] [] [] [] []	Iceraci IceMas HeatPa Heat IFS	ball cours Ball Squeeze Ball Wall Squats BAPS BAPS BAPS Board Blue band	Ball Squeeze Ball Wall Squat BAPS BAPS Board Blue band	\$15.00 \$5.00 \$0.00 \$25.00 \$0.00 \$25.00 \$0.00		11114 1115 1116 1117 1118
e chips e Pack e Massage leat Pack leat Faterching lecord: 1 Of 32 Remo	Iceraci IceMas HeatPa Heat IFS Ve Save	ball curis Ball Squeeze Ball Wall Squats BAPS BAPS Board Blue band BOSU Trainer	Ball Squeeze Ball Squeeze Ball Wall Squat BAPS BAPS Board Blue band BOSU	\$15.00 \$5.00 \$0.00 \$25.00 \$0.00 \$0.00 \$0.00		1114 1115 1116 1117 1118 1234
ce chips ce Pack ce Massage feat Pack feat F stretching Record: 1 of 32 P Record: Record	icerao iceMas HeatPa Heat IFS Ve Save	ball curis Ball Squeeze Ball Wall Squats BAPS BAPS Board Blue band BOSU Trainer caff raises	Ball Squeeze Ball Wall Squat BAPS BAPS Board Blue band BOSU calf raises	\$15.00 \$5.00 \$25.00 \$25.00 \$0.00 \$0.00 \$60.00 \$0.00		1114 1115 1116 1117 1118 1234 1119

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Update user information for those staff members who will be performing billable services.

Scheduling Inventory Reports	Admin	Windows	Help	_								
	Site	Info		S	ecurity		1100 5	De	- (D:II			
	1.40	/Undato Toar	me & Orac	1	Administra	ator Note	es MSC Fo	orms Do	CS/Bill	Certs/Ins	Reimb	
	Auu	Jupuate real	iis & Orga		Hectron	ic Docum	ents					
Add a User	Use	rs			Descriptio	n						
Search Users	Mai	ntenance										
					Record:	4	0 Of 0					
					Enter a De	scription the	en click the L	oad button	to choose	e a file.		
					Description	n:						
					Edit Doc	Remov	e Doc Vie	ew Doc	Print Lis	st Lo	ad S	Save Doc
					Billing I	oformation						
					NPI #		Other I	D.	(Qualifier:	~	
											للحص	
				A	ctions							
				S	earch	Reset	Disable	New	Ren	nove S	Save	Close

Update provider information with their application IDs, etc.

Med Services Scheduling	Inventory Reports Admin	•
Medical Services	• 🖂 属 🦳 💾 (
Medical Providers	Add a Provider	Medical Provider
Referrals	Search for a Provider	Name: Another Hospital
	Provide Add Con Billi NPI #	Service History Referrals Notes Organizations Performed By Entries ess: Status: Active v V Phone: (555) 111-2223 Fax: (555) 222-1113 tact Email Address: Procedures usually performed by: Dr. Ben Back sg Information f: Other ID: Qualifier. v ter Actions New Save Remove Search Close

Below are the changes you will see on the athlete screen. This information also needs to be entered for billing.

These include:

- 1. "Signature on file" check-box
- 2. Marital status
- 3. Employed status

Ivanie. Do	J	Anderson	Team/	Spon/Even	π		¥ .	status	Position/Dis	As Or	CIPDate
	(First) (MI)	(Last)									
Phone: 72	4-555-4444 Year: Juni	ior 🗸 🕂	GC Out	reach Men	CC Baske	tball	ļ	Active	Forward	5/1/2008	
Gender: Ma		10/1994	KDS C	entral HS M	len Baseba		ŀ	Active	Pitcher	11/6/2012	11/7/2012
	UOB. 37	10/1334	KDS S	chool Men	Basketball		ļ	Active	Guard		11/7/2012
Email: rhe	tt@athleticsoftware.com	Age 21	Record:		1 OF 3		. <				>
			Ma	rk for revi	iew	Paperwork C	Comp		ve Concuss	Complete	
loiuny Me	dication Notes/Staff Forms	Concuss Evals Medi	cal History	General	Insurance	Emergency	eFiles	& Docs Add	litional Info	Strength	
ingury mo	alcalor Notes star roma		ourniscory		mouranee	Energency	Criica	0.0003 / //00		Sacingar	
Address/C	ther										and the second s
Custon	Addr Name 1							_		ALL A	A CONTRACT
Country	USA	Language: English		Driver	#:			Schola	arship		
Street:	716 Robin Hood Road		~	Passpo	ort #: 9742	52		Red S	hirt		6 1
			\sim		3333	3					
C/S/Z:	Sherwood Forest	MA 214	05	ALID.	3330				Neds Allowed		
				SS#:	123-	45-6789		Acade	mic Eligible		
	Со	py From		Last P	hysical:	10/ 1/2014	~	CL			
Custon	n Addr Name 2			Physic	al Evoires:	7/ 1/2015		CL +36	55		
Country	United States	Phone: 555-555-1	111	Thysic	ar Expires.					Char	ge Photo
Street:	1 home way today		~	🖌 Sig	nature on	File 10/24/20)12 🔻	CL			gornoto
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C/S/Z:	Home City	PA 1234	15	Emplo	yed:		✓ M	arital:	×		
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Twitter H	andle: athletictrainersvstem					Race: America	an India	n or Alaska N	lative 🗸 🧲) lant D	W Cha: CL
					-	Distantion Ma		in an Lating			(2015 v)
Cell: 22	2-555-1116 Text #: 7	243/21834@vtext.com	·	≫∎∎		Ethnicity: No	t Hispan	nic or Latino	C	2/ 1	/2015
						Kiosk: 12	2/22/2	015 1:27 P	M Portal:	12/21/2015	11:03 AM

Complete the insurance information using the new screen shown below. This information is access by double-clicking the insurance entry on the athlete screen or by clicking the "Details" button on the right after selecting a row.

Company:				•	Ins		(First)	(MI)	(Last)
Insure Type:		•	Phone:			DOB:	// 🗸	Gender:	✓ SS#:
Plan:						Street:			
Plan Type:		•	Copay:			C/S/Z:			
ID #:						Phone:			
Group #:						Policy H	lolder Relation:		 Signature on file
Payor #:	Ø					Employe	er Name:		
Policy Start:	// /	CL				- PCP Info			Dharan
Policy End:	/ / 🗸	CL				ivame:			Phone:
Deductable \$:		ог							
otes: (Max 10	00 Characters)).							

You will now see a 2nd row for each modality & rehab entry (shown below). Use this information to indicate & enter the billing information.

R.L.
Pick
Protocol
Сору
Remove
Print
Off Bill

Note: When entering modality and rehab info the "Claim #" may show as a "-1" until the information is saved.

eason:	Beribility				Location:	× F
ed Staff	Koffor A	dmin		U Heatment	Location.	
	Nation 7		*			
xercises	Rehab Notes Not	te/SOAP Note				
Order 🔺	Exercise	1010	Sets	Reps/Time	Comments	Pick
Billable?	Billable Units	Rendering Provider		Claim #	Claim Status	Data
						PTOLOCO
	4		1.0			Сору
	4-way tubing	Keffer Admin	2	10		Remove
						Print
						Report
						Off Bill

Billing Information for an Injury

A new tab will be available on the Injury screen. This shows existing bills for this injury and allows you to create bills based on the modalities and rehabs that have been entered.

Injury - An	derson Bobby												- 0	X
General Inj	ury Info Injury	Desc/How Athle	ete Nam	e: Anderson,	Bobby J		2	6		Status	Current		•	6
Body Part	Ear		• 🕀	Injured:	5/ 4/2	018 🗸				- 🖗 🔽	Reinjury	? 🗌 F	ollow-Up	
Inj/III 1:	Abrasion		•	Reported:	5/ 4/2	018 ~			54	🖗 🔽		EMS Re	quired	
2:				Rtn to Play	y: 1 1	×	CL	Days: 0) 	Prodution		Season I	Ending	
Side:	Right	- 0	Han	nened during	-			Uays #	## T	Albintia Ta	ş			
MOI:	rugin		• 🔒 Play	ing Surface:				-	ě	Rhett Keff	iiner: er			•
SMOI:			- 🔂 Ever	nt Type/Name	c.			•	0	Team: KD	S School Me	n Basketba	all	-
Severity:			- 🔁 Sun	gery Required	1? 🗹 on	1/ 1/201	18	CL		Ins Status:				•
Claims Payr	nents Invoice T	racking FM Evals	Referring Prov	rider Note	s Concus	s Evais In	erena	Billing	uations J	Referring	e ernes 1 Provider	Staff Forms	Strength	
	7/25/2018	Open (GC Hospital											~
43	1723/2010						10,10,70,	Ne	W					
43	172372010							Ne	ew Py	Billing Di Pointer	agnosis Code	Description		~
43	1723/2010	n den standarden en ser						Co Rem	ew Py Iove	Billing Di Pointer	agnosis Code	Description		^
43	112012010							Ne Co Rem Deta	ew Py Iove ails	Billing Di Pointer	agnosis Code	Description		^
43	1720/2010							Ne Co Rem Deta Pri	ew py iove ails int	Billing Di Pointer	agnosis Code	Description	0 4 4	^
43 Record:	1	Of 1	<				>	Ne Cop Rem Deta Pri	ew Py ails int View	Billing Di Pointer	Code	Description 0 Of Remo	0 D	~ ~
A3 Record:		Of 1	<				>	Ne Co Rem Deta Pri	ew Py nove ails int View	Billing Di Pointer Record	agnosis Code	Description	0 🕨 🕨	~
A3 Record:		Of 1	<	Claim	Claim			Ne Co Rem Deta Pri Card V	ew py iove ails int View	Billing Di Pointer Record	agnosis Code	0 Of Remo	0 Ve	~

Entering Billing Claim Information:

	Claim #.	43	Name:	Anderso	on, <mark>Bobby</mark> J				Injury:	05/04/20	18 Ear-	Abrasion	(Right)	
	Genera	Diagnoses	/Procedu	res/Note	s Payme	ents								
	Ref Pro	vider: GC Hos	spital				Cla	aim Date:	7/25/201	8 🗸	Status:	Open		
	Insura	ince					-1975							
		Pay # Insura	ince Compa	ny	1	Patie	ent's Accour	nt #: 12	2345	Prior	Authoriz	ation #:		
		1 Blue C	Cross Blue Sl	hield		Date	e of Current	Injury: 5	/ 4/2018	- Prior	r Auth # '	Visits:	0	
		99 The C	ther Insuran	ice			A			1.1.1.2	a		e0.00	
							Accept Assig	gnment ?		de Lad ?	Charge	s:	50.00	
	Reco	vrd I	10	f 3 🕨	N	lf pa	tient has ha	d same or	similar illness	s, give the	first date	: /	/ ~	
	Contin	. Factor				h Ca	ndition Dola	ted Ter	Datas	unable to	unde in e		a in stices :	
	KDS S	Sports Service I	Provider					a.	From:		WOIK III	To:	/ /	~
	101 B Grove	illing Drive City, PA 1612	7				Employment	<i>.</i>	Hospi	talization d	lates rela	ted to curr	ent condit	ion:
							Auto Accide Place (Stat	e):	From:	11	-	To:	11	~
	NPI #	kdsnpi333	13				Other Accide	ent?	Media	aid resubn	nission		_	
	Other	ID: otro 33343	423 (Qualifier:	~				Code	:	Origin	nal Ref. #:		
	Actions													
	Nev	r	Save		Skip Validatio	n F	Remove				Pri	int		Close
					Second Street									
m Deta #: 4 eral	ails - Ando 3 Diagnose	erson, Bobby . Name: es/Procedure	Anderson,	Bobby J Paymen i	ts	/		Will pu the inj	ull the jury eva	ICD co aluatic	odes f on	rom		×
m Deta #: 4 eral agnosis 'ointer lecord	ails - Andri 3 Diagnose s Code S0041 S00412	erson, Bobby . Name: es/Procedure Descrip Abrasio Abrasio	Anderson, es/Notes stion n of ear * n of left ear 12	Bobby J Payment	ts		Notes	Will pr	ull the jury ev	ICD co aluatic	odes f	rom		×-
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Printing and Submitting Claims.



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Note: "checking" the "Send as a test..." box should be used for initial/test submissions.

Printed Claims

Below is a printed HCFA 1500 produced via ATS. If more than 1 form is needed to print the services being submitted, this is handled automatically.

Note: The standard red HCFA forms should be loaded into your printer before printing. These forms are not available form Keffer Development or supplied by us.

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Submitted Claims

Claims that are submitted electronically will be sent via a secure transfer site.

In addition a PDF version (shown here) will also be created and saved to the athlete eFiles area.

Injury * Medication * Notes/Staff/Msg * C	Concuss Evals * Medical History * General Insurance * Emergency * Files & Docs * A	dditional Info Strength * View		
eFiles * Paperwork Athlete Forms * Athle	ete Portal Dates			
Date - Doc Type	Description		All-n-One Insurance	e 🔸
- Yr 2018		Claim # 41-06202018	101 Main Street	La construction de la constructi
7/30/2018 0	EDLEIE Sent: HCEA1500_43_741_2018730_85832_30_OfficeAlly_Submit odf	HEALTH INSURANCE CLAIM FOR	M	ARR
7/30/2018 0	EDI File Sent: HCFA1500 43 741 2018730 91748 30 OfficeAlly Submit.pdf	APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUC PICA	Muddville, PA 111	
7/26/2018 0	EDI File Sent: HCFA1500 43 741 2018726 15389 26 OfficeAlly Submit.odf	1. MEDICARE MEDICAID TRICARE	CHAMPVA GPOUP FECA OTHER	1a.INSURED'S LO. NUMBER (For Program in literr 1)
7/26/2018 0	EDI File Sent: HCFA1500 43 741 2018726 161620 26 OfficeAlly Submit.pdf	2. PATENT'S NAME (Last Name, First Name, Middle Initial)	AMPRENTALIENT ANTE SEX	4. INSUREDTS NAME (Lest Name, First Name, Middle Initial)
7/25/2018 0	EDI File Sent: HCFA1500 43 741 2018725 15838 25 OfficeAlly Submit.txt	Anderson, Curtis	05 d1 1988 [™] ⊮⊠ ⊧	Anderson, Fred
7/5/2018 Form	Athlete Upload: Dr. Note	151 Park Drive	Staf Spouse Child Other	101 main street
6/20/2018 Form	Athlete Upload: Test docx	Grove City	STATE & RESERVED FOR NUCC USE	andersonville pa
6/17/2018 Picture	ttt	ZIP CODE TELEPHONE (Include Area Co	nde)	ZIP CODE TELEPHONE (Include Area Code)
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6/15/2018 0	Form reviewed and signed on 6/15/2018 8:51:12 AM			
6/12/2018 0	Form reviewed and signed on 6/12/2018 3:20:53 PM	a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	07041973 MX F
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6/11/2018 0	Form reviewed and signed on 6/11/2018 9:12:12 AM		YES X NO	This is a copy
Record: 14 4 Of 82 🕨		4. INSURANCE PLAN NAME OR PROGRAM NAME	10th CLAIM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENEFIT PLAN?
		READ BACK OF FORM BEFORE CO. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 w/	NPLETING & SIGNING THIS FORM. horize the release of any motioal or other information necessary	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for
		to process this claim. If also request payment of government ben below.	elits either to mysell or to the party who accepts assignment	services described below. Signature On File
		SKNED	DATE	BIGNED
		06'20 2018 QUAL		FROM TO THE PROVIDENT OF THE PROVIDENT O
		GC Hospital	17% NPI 1351351351	FROM DD YY TO YY
		15. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? S CHARGES
		21, DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Robits / 926 10	HL to service line below (248) (CD Inc.	22. RESUBARSION CODE CREGINAL REF. NO.
		015 21		23. PRIDR AUTHORIZATION NUMBER
		From DD YY MM DD YY SENDE EMG	(Explain Unusual Circumstances) DIAGNOSIS CPT/HCPCS MODIFIER POINTER	\$ CHARGES UNITS AND OUAL PROVIDER ID. #
				Nei
		2		NPI 5
		3	Service details are found on the follow	ng page
		4		
				NPI Q
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		25. FEDERAL TAX LD. NUMBER SSN EIN 26. PA	TIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29. AMOUNT PAID 30. Revel for NUCC Use
		31, SKONATURE OF PHYSICIAN OR SUPPLIER 32, SE		33. BILLING PROVIDER INFO & PH # (1111)11111
		I certify that the statements on the reverse apply to this bit and are made a part thereof.) 24	Billing Drive	KDS Sports Provider
		Rhett Keffer Gr	ove City, PA 16127	Grove City, PA 16127