The interface with American Specialties was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions.

\*\*\*MAKE SPECIAL NOTE, American Specialties claims are NOT Stored in ATS.\*\*\*

\*\* Make sure you mark the "primary" insurance company on the athlete info; "Payor #" = 1. This can be done manually or when the athlete is doing their registration in the portal.

We also recommend setting require fields to ensure that the necessary information is entered both by athlete and staff for the injury claims. For more info check out the <u>Required Fields</u> doc.



Under the Admin—>Site Info screen; on the "Claims/EDI" on Partner Page 2, tab enter the required info. You will need to communicate directly with American Specialties to ensure you have the correct domain to submit the claims to.

If not already enabled, do make sure you activate the Enable Claim Submission box for your database.

🚵 Site Info - Izriech	
Primary Modules Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Billing Claim s/EDI Pre-Login Kiosk Custom Inventory	
Enable Claim Submissions	
Partner Page 1 Partner Page 2 C her EDI (1)	
American Specialties	
Host Name: https://appsrv4.amerspec.com/dbweb/asm/enter_incident	
School Key: ATSTEST45T	
Note: Based on the submission method no eFile is created for American Specialties in the athlete/iniury record	
Specialty Insurance Solutions	
Host Name: Iransfers.sis-in.bix	
Tgt Folder: /	
User: atstesting Pw:	
Port: 21 (Leave blank unless given a specific value)	
	Enter the applicable
	EDI Information
	provided by
	American Specialty:
	Host Name
	School Key
Save Close	

#### **User Profile:**

# Be sure to allow access to submit/print claims for those staff members that will need to submit claims.

This can be found on the Modules tab of the User Profile.

Ad	min Windows Help		
4 20	Site Info Add/Update Teams & Organizations	•	
	Users	•	Add a User
ø	Maintenance	•	Search UsersActive Only
37	Dashboard Statistics		Search All Users (Active & Inactive)
(²) (⊘)	Athlete Security Drug Testing	+	Multi User Update My User Copy User
•	Athlete Utilities Injury Utilities	+ +	Search Users by Organization Search Users by Region

😫 User						
- Informati	on	Securit				
Name:	Greg AT	Teams Modules Enail Groups Email/Opt Administrator Secure Msg Notes MSC Forms				
(First Last)	🗌 🗌 Administrator 🗹 Athletic Trainer 📄 PRN Staff 👔	No Report Access Allowed to Submit/Print Claims Group Emails Allowed				
B	Coach Doctor/Physician Other	Allow Report Printing Allow Report Exporting				
	Student Strength/Condition					
		· · · · · · · · · · · · · · · · · · ·				

To submit a claim, select "American Specialty" from the "Claim For" list, then click the "Claim" button. Clicking this button sends an EDI claim to American Specialty and adds a electronic document to the injury information. Complete as much of the injury tab as possible, some of the information contained here will be transposed onto the injury insurance claim form that is opened.

General Injury Info Injur	y Desc/How Athlete	e Name	: Davis, Crasł	h	1		Status:	Current		- (
Body Part: Knee		- 🕀	Injured:	3/17/2022 🔻	10:58 AM	(	le 🚺	Reinjury		Follow-Up
nj/III 1: Anterior Cruc	iate Ligament (ACL)	TearF -	Reported:	3/17/2022 🔻	10:58 AM		🔻 💽		EMS R	
2:		-	Rtn to Play:	I I	CL Days:	0				Ending
No Filter 3:		+	Resolved:	11 -	CL Days	### Res	olution:			- 6
ide: Right	- 🖨	Hapr	pened during:	Practice	•				Bynass I	NCAA/HS?
	-		-			At	hletic Train	ier:	b)puss i	
101:	•	🕤 Playi	ng Surface:	Dirt	•	J	oe Streckfu	IS		•
MOI:	-	🔁 Even	t Type/Name:	Practice	•	🔁 Te	am: Joe T	Fean Men E	Baseball	-
everity:	•	🔁 Sura	ery Required?	? 🗆 on 🔢 /	▼ CL	Ins	s Status:			-
odality Medication Reh	g FM Evals Cost Log ab Limitation Servic	-	Evals Referra	goes on the				Strength N	Record	Claims Modalities
odality Medication Reh Date	FM Evals Cost Log ab Limitation Servic Injury Anterior Cruciate Ligam	e Concuss ent (ACL	Evals Referra Modalities Ace Wrap	I Notes/Staff/Msg	Time			-		Claims Modalities New
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Servic Injury Anterior Cruciate Ligam Anterior Cruciate Ligam	e Concuss ent (ACL	Evals Referra Modalities Ace Wrap Active Range o		Time		s eFile	-		Modalities
odality         Medication         Reh           Date         -         -         -           12/29/2021         9:03:00         AM         -           12/20/2021         10:23:00          -           11/10/2021         12:19:00          -	FM Evals Cost Log ab Limitation Servic Injury Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle	I Notes/Staff/Msg	Time		s eFile	-		Claims Modalities New
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Servic Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul	I Notes/Staff/Msg	Time		s eFile	-		Claims Modalities New Copy
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Service Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul Electrical Stimul Electrical Stimul	Motes/Staff/Msg Motion, Cold Whirlpo Iation- Interferrential, G Iation- Interferrential, G Iation- Interferrential, G	Time col		s eFile	-		Claims Modalities New Copy Copy+
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Service Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul Electrical Stimul Electrical Stimul	Motes/Staff/Msg Motion, Cold Whirlpc Iation-Interferrential, G Iation-Interferrential, G	Time col		s eFile	-		Claims Modalities New Copy Copy+ Copy to Remove
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Service Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul Electrical Stimul Electrical Stimul	Motes/Staff/Msg Motion, Cold Whirlpo Iation- Interferrential, G Iation- Interferrential, G Iation- Interferrential, G	Time col		s eFile	-		Claims Modalities New Copy Copy+ Copy to Remove Details
odality         Medication         Reh           Date         -         -           12/29/2021         9:03:00         AM           12/20/2021         10:23:00            11/10/2021         12:19:00            11/2/2021         12:00:00         AM           11/1/2021         12:00:00         AM           10/30/2021         12:00:00            10/29/2021         9:19:00         AM	FM Evals Cost Log ab Limitation Service Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul Electrical Stimul Electrical Stimul	Motes/Staff/Msg Motion, Cold Whirlpo Iation- Interferrential, G Iation- Interferrential, G Iation- Interferrential, G	Time col		s eFile	-	NCAA/HS	Claims Modalities New Copy Copy+ Copy to Remove Details Print
odality         Medication         Reh           Date	FM Evals Cost Log ab Limitation Service Injury Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam Anterior Cruciate Ligam	ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL ent (ACL	Evals Referra Modalities Ace Wrap Active Range o Ankle Electrical Stimul Electrical Stimul Electrical Stimul	Motes/Staff/Msg Motion, Cold Whirlpo Iation- Interferrential, G Iation- Interferrential, G Iation- Interferrential, G	Time col		s eFile	-		Claims Modalities New Copy Copy+ Copy to Remove Details

After the "claim" button is clicked a web page will open with partially completed information. Make sure you complete the rest of the information and successfully "Submit Incident".

r							
https://appsrv4.amerspec.co	m/dbweb/f?p=132:2::::APP:P2_INJ_	TRACKID:18311ATSTEST45T					
	, abiteb, iip- ibble						
🥔 NCAA CTS 🛛 🗙 📑							
NCAA Group Basic Ac	ident Medical Press						
NC44 Group Basic Ac	sident medical Progr	am					
Corrections r	nust be made before you can	submit this incident					
<ul> <li>Please correct the injury type, we d</li> </ul>			IGAMENT				
(ACL) TEARPARTIAL OR COMPLETE							
<ul> <li>Please enter the accident time.</li> </ul>							
<ul> <li>Please enter the injured person's term</li> </ul>	lephone number.						
<ul> <li>Please enter the location.</li> </ul>							
<ul> <li>Please enter the location address.</li> </ul>							
<ul> <li>Please enter the location city.</li> <li>Please enter the location state.</li> </ul>							
<ul> <li>Please enter the location state.</li> <li>Please enter the location zip.</li> </ul>							
<ul> <li>Please enter the treatment date.</li> </ul>							
· Please enter the treatment descript	ion.						
<ul> <li>Please answer the other insurance</li> </ul>	coverage question.						
Report an incident							
Submit Incident							
	hmit Incident hutton you wi	I finish the incident input pres					
when you click the above su	brint incluent button you wil	Il finish the incident input proc	ess.				
Asterick * indicates required							
INSTITUTION INFORM	ATION						
Member Institution: ATS							
Address: 24 Villag	e Park Drive						
Grove Ci	ty,PA 16127						
Telephone: 724-458-	5289						
ACCIDENT INFORMATION							
	nt Time*						
03/17/2022							
Accident Description*							
Be sure to enter a brief injury	note to describe what happene	ed, this goes on the					
injury claim.		~					
		*					
INJURED PERSON INFORMATION							
First Name*	Last Name*	Gender* Date of Birth*					
Crash	Davis	01/14/1998					
Undon	le ario						

<u>Note</u> No eFile and/or print of the claim will be saved in ATS.