ATS— AG Administrator's Electronic Claim Submission

AG Claims:

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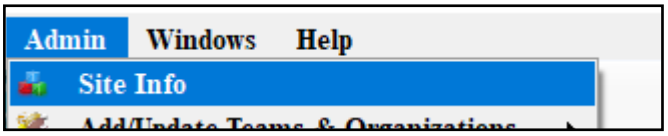
The interface with AG Administrators was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions; two methods to send a submission and what is stored in ATS after the submission is complete.

**** 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.**

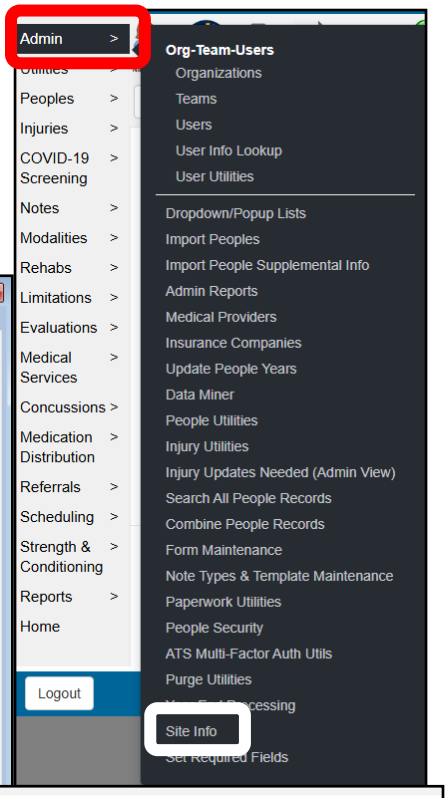
We also recommend setting require fields to ensure that the necessary information is entered both by athlete and staff for the injury claims. For more info check out the Required Fields doc.

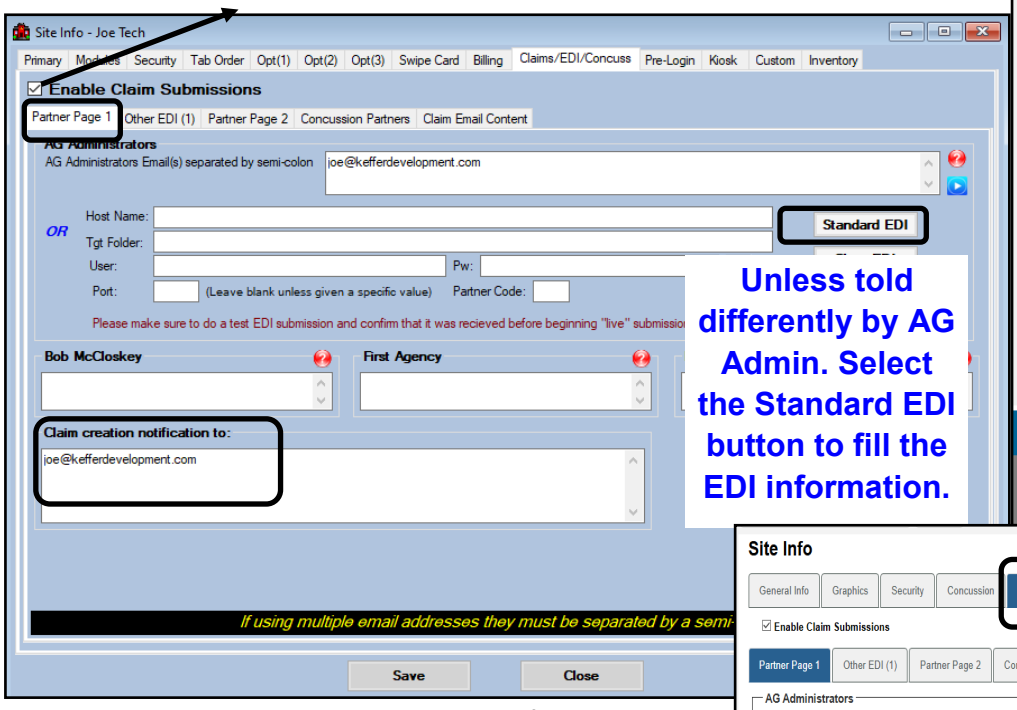
Under the Admin—>Site Info screen; on the "Claims/EDI" tab enter the required info. Unless otherwise noted the email should be claims@agadm.com You can set the claims in both the ATS Desktop or Staff Portal

We do recommend talking to your AG rep prior to setting up, to establish whether they want you to Email or use the EDI Submission.

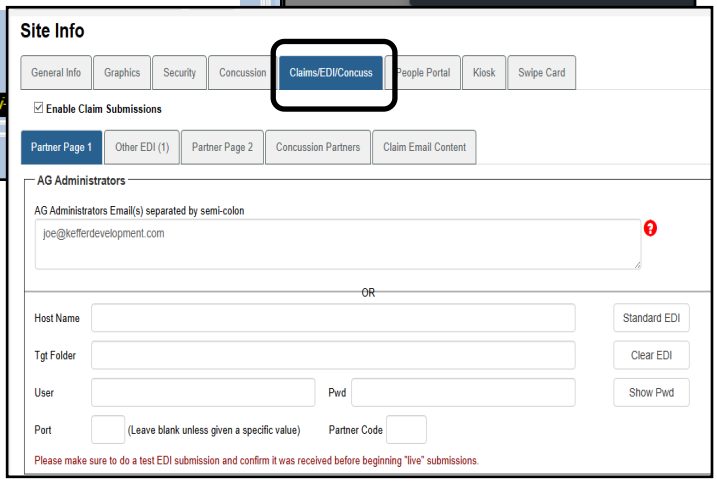


If not already enabled, do make sure you activate the Enable Claim Submission box for your database.





Unless told differently by AG Admin. Select the Standard EDI button to fill the EDI information.



This area gives you the opportunity to notify your insurance coordinator, Head AT, or anyone else that needs to know a claim was submitted. ***It does not include a copy of the claim***.

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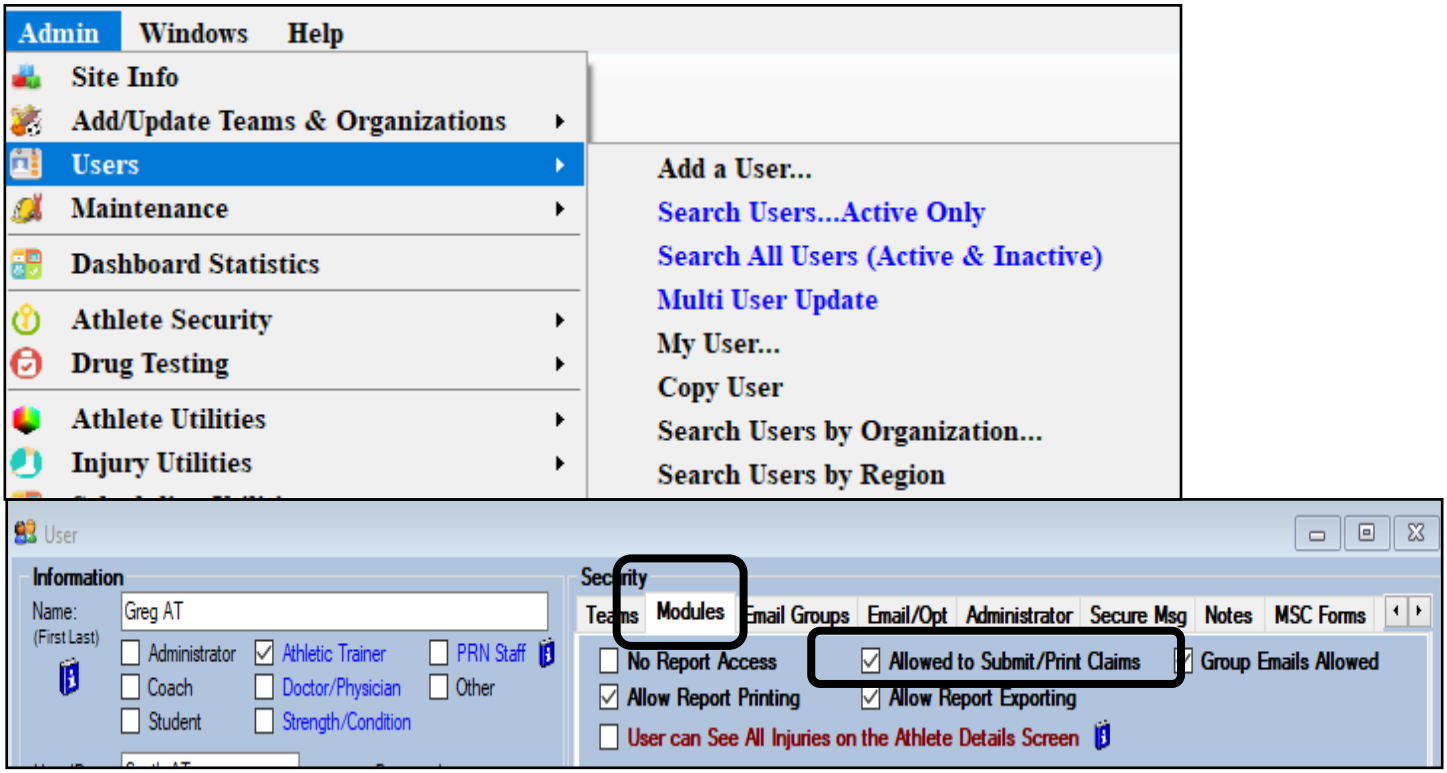
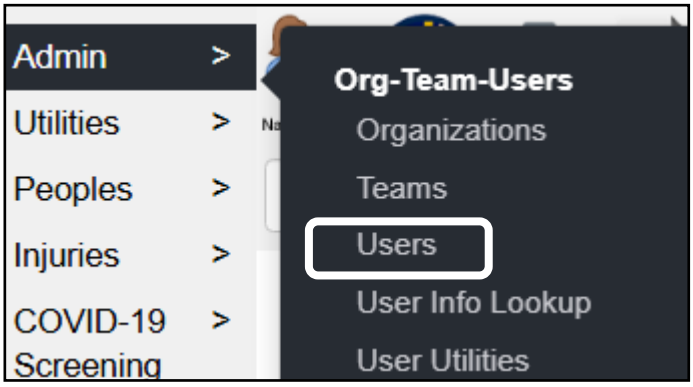
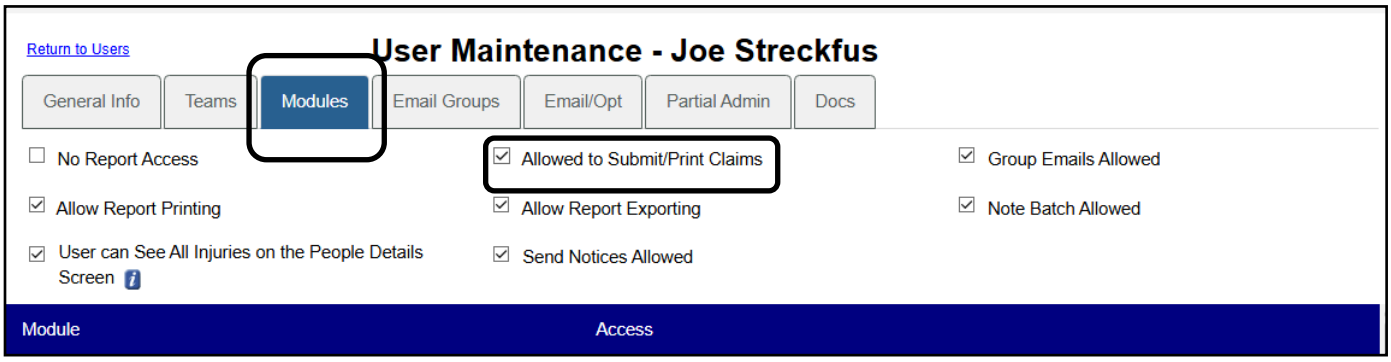
User Profile:

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.







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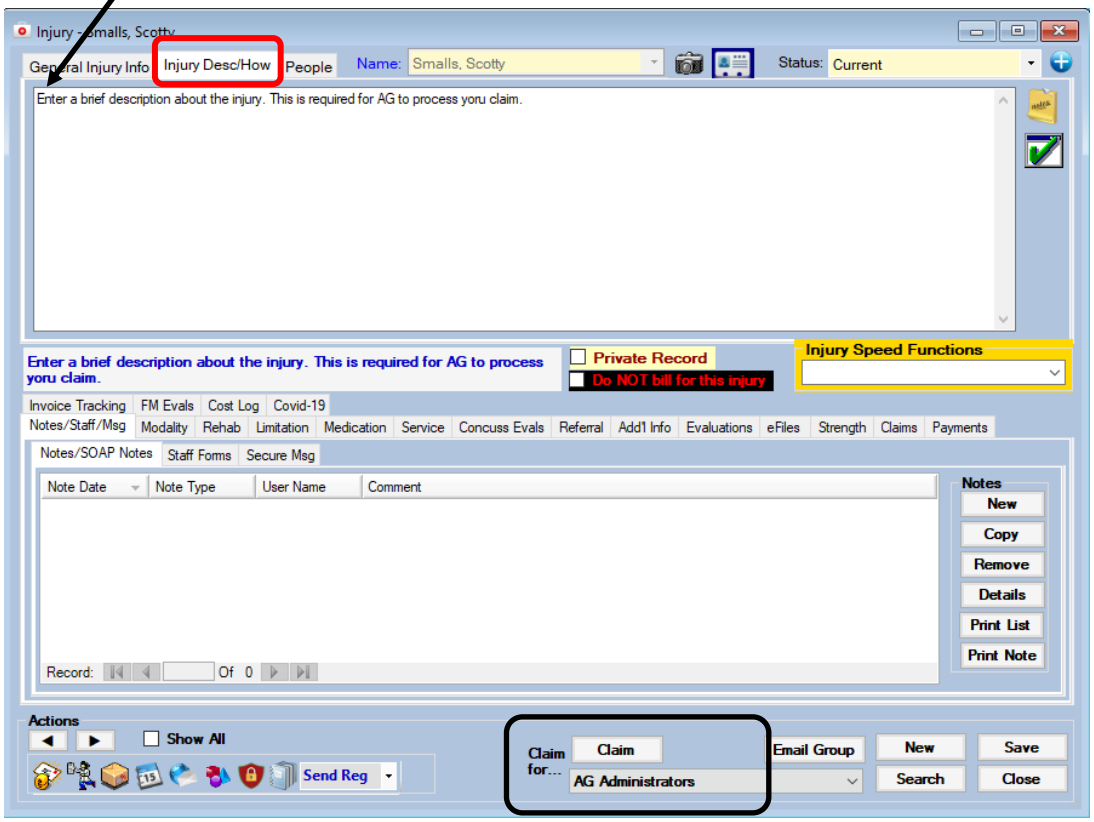
For AG, you ***must*** include an injury note in the Injury Desc/How box. This is included on the claim form.



To submit a claim, select AG Administrators from the "Claim For" dropdown, then select the "Claim" button. This will generate the documents for AG and start the process you've chosen on PG2.

If you are submitting by email you will see the following information.

If you are submitting by EDI the process will just process the documents securely to AG.

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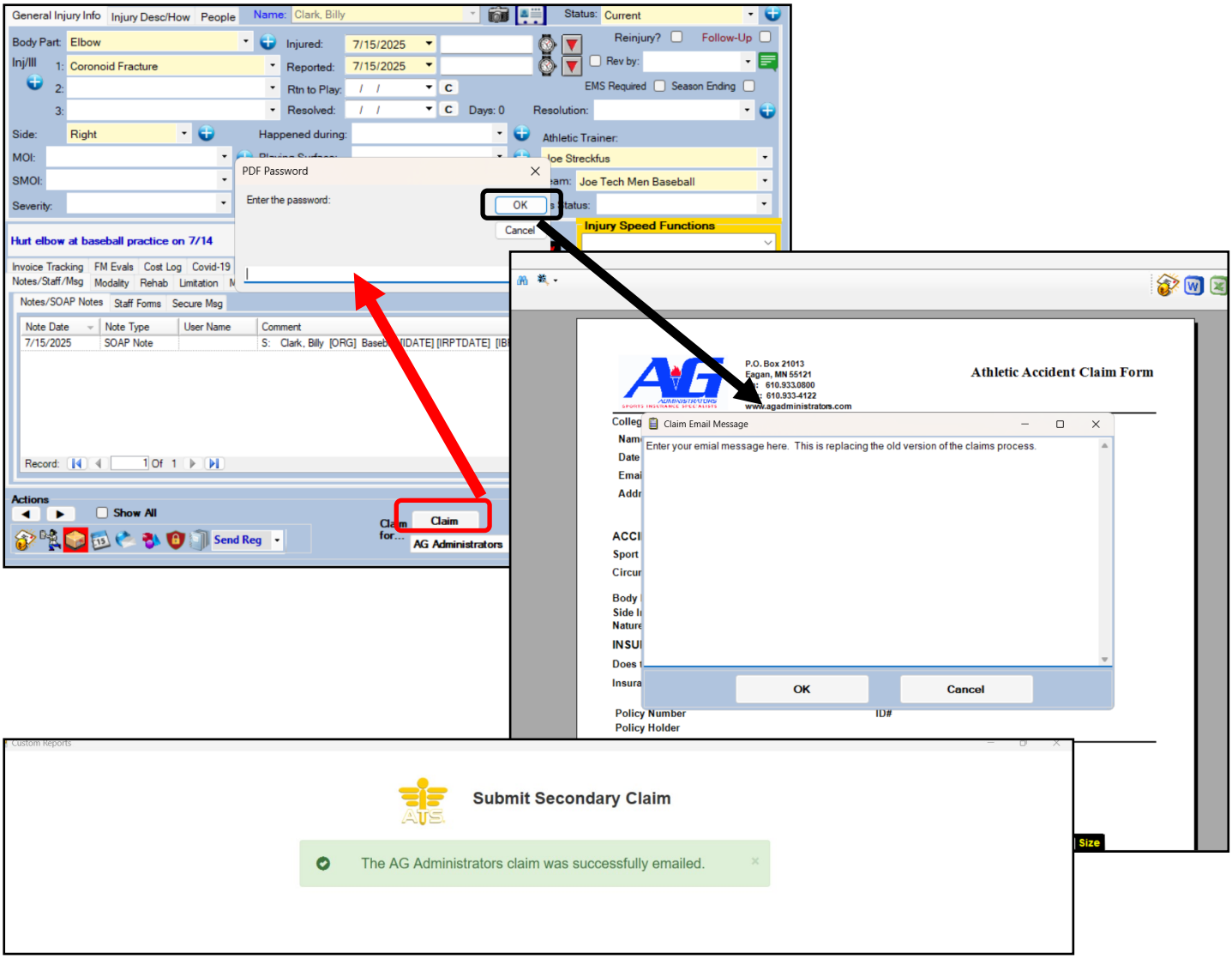
If you are sending an email to AG, you are required to encrypt the document prior to it being sent.

** Establish a password as a staff/department you will use for ALL of the claims going to AG. Enter that password each time you send an email. You also will need to provide it to AG so they can open.

****DO NOT INCLUDE PASSWORDS IN THE EMAIL BODY****

ATS WILL NOT and DOES NOT STORE THE PASSWORD USED TO ENCRYPT

Desktop Submissions:



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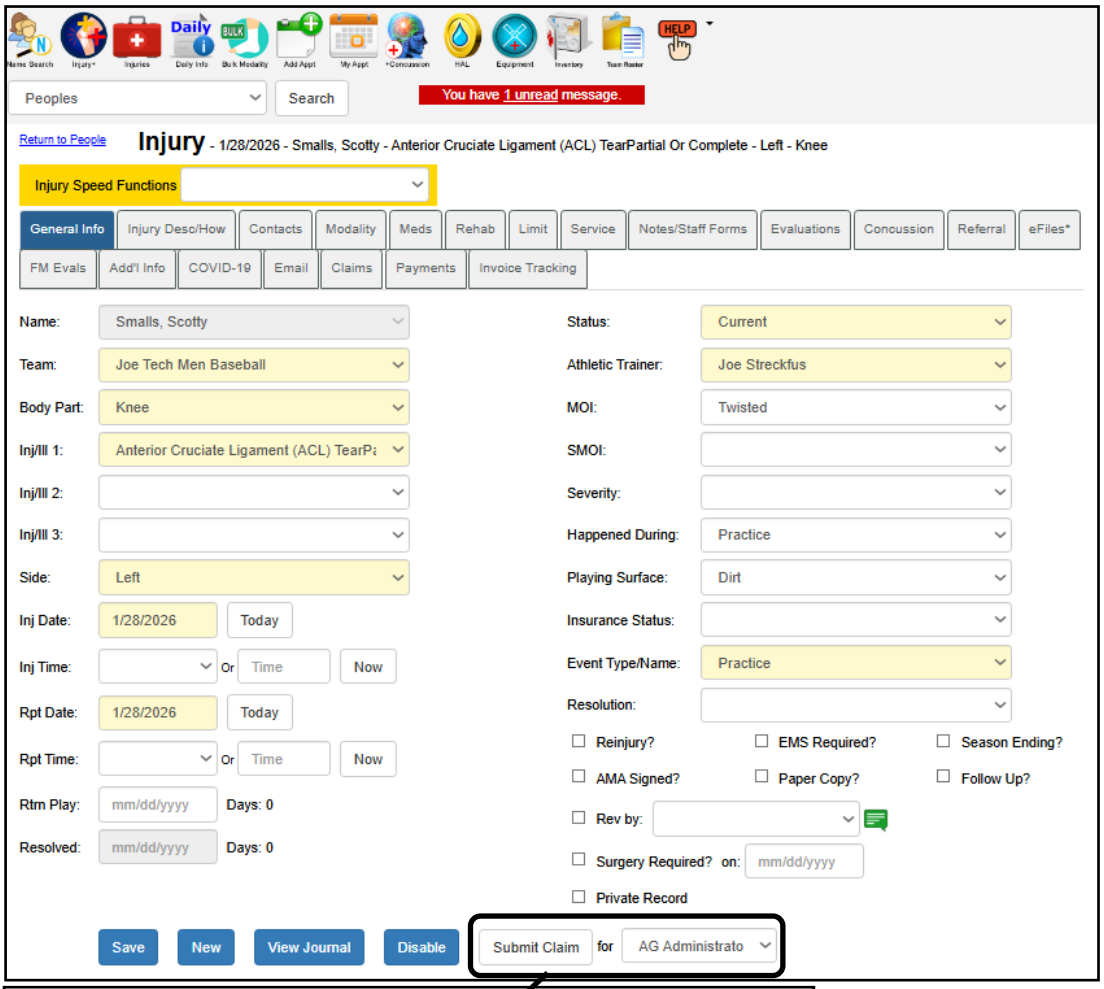
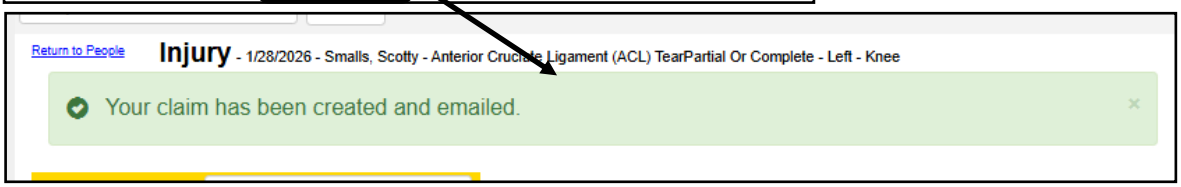
Staff Portal Submissions:



ON the injury page, select AG Admin. Then use the Submit Claim button to open the claim options. Enter your password, email message if wanted. Select OK. ATS will process your claim and display it was created and sent.



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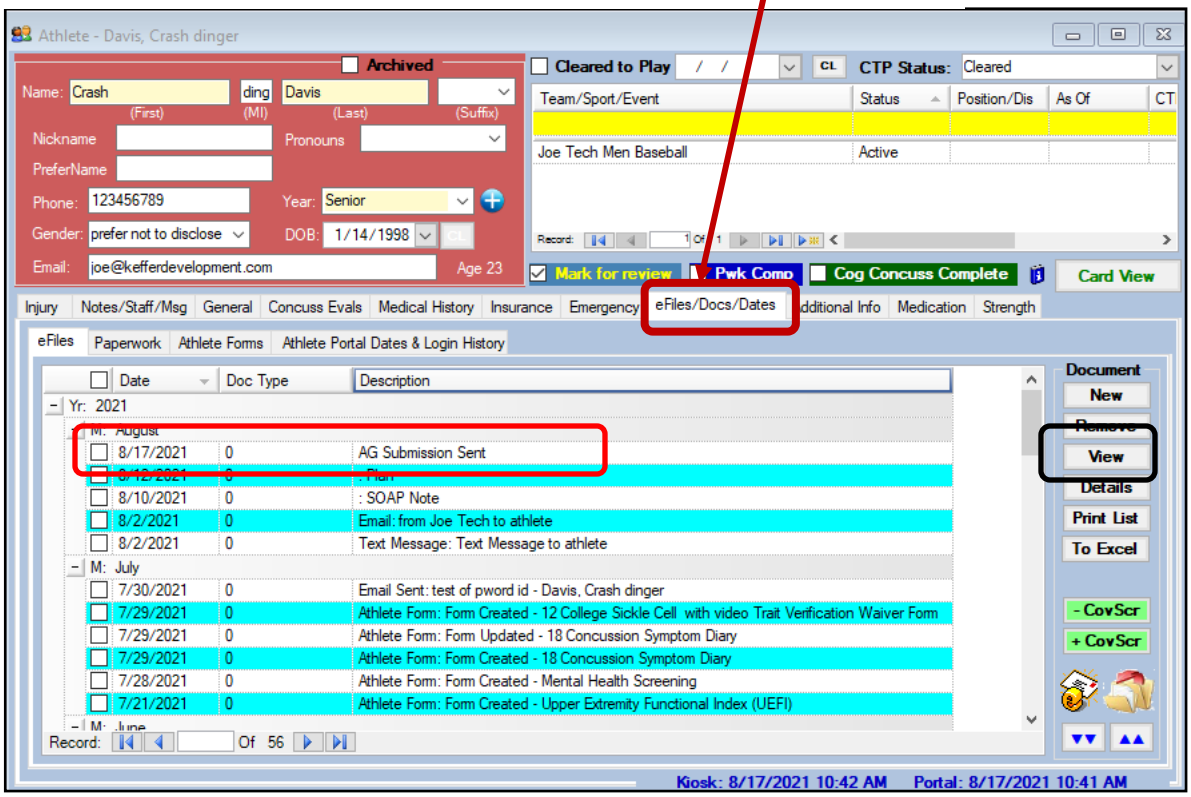
To see the claim that was sent:

1. **Navigate to the documents tab on either the injury or athlete screens**
2. **Select the file**
3. **Click the "View" button.**
4. **The document will be displayed in the PDF viewer.**



Note

Full-size example on next page

P.O. Box 979
Valley Forge, PA 19482
610.933.0800
Fax: 610.935.2860
www.agadministrators.com

Athletic Accident Claim Form

College/University Name KDS Sports

Athlete's Name Anderson, Charlotte

Date of Birth 03/01/1994 **Sex:** Female **Cell Phone:** 222-555-11166

Email Address patrick@kefferdevelopment.com **Last 4 of SS#:** 2333

School Address
166 Park Drive
Grove City PA 16127

Home Address
other address
Grove City PA 16127

ACCIDENT INFORMATION

Sport ABC Women Soccer **Accident Date:** 08/03/2010

Circumstance: Game **Type of Injury:** bee sting

Body Part Injured Achilles **Place of Accident**

Nature of Injury test

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes

Insurance Company Name & Address All-n-One Insurance
101 Main Street
Muddville PA 11111

Policy Number 101-33 **ID#** 33343434

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Valley Forge, PA 19482
610.933.0800
Fax: 610.935.2860
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Athletic Accident Claim Form

College/University Name Joe Tech

Athlete's Name Davis, Crash **Phone:**

Date of Birth 01/14/1998 **Sex:** PND **Cell Phone:** +34 655978569

Email Address joe@kefferdevelopment.com **Last 4 of SS#:**

Address
24 Village Park Drive
Grove City PA 16127

Additional Address
62 Hartwell Circle
Sometown PA 16227

ACCIDENT INFORMATION

Accident Date: 03/17/2022

Sport Joe Tech Men Baseball

Accident Time: 10:58 AM

Circumstance: Practice

Type of Injury: Anterior Cruciate Ligament (ACL) TearPartial Or Complete

Dirt

Body Part Injured Knee

Place of Accident: *See Below*

Side Injured Right

Nature of Injury Be sure to enter a brief injury note to describe what happened, this goes on the injury report.

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes

Insurance Company Name & Address Blue Cross Blue Shield

Philadelphia pa 74125

Policy Number **ID#** 852369741

Policy Holder Secondary Insurance

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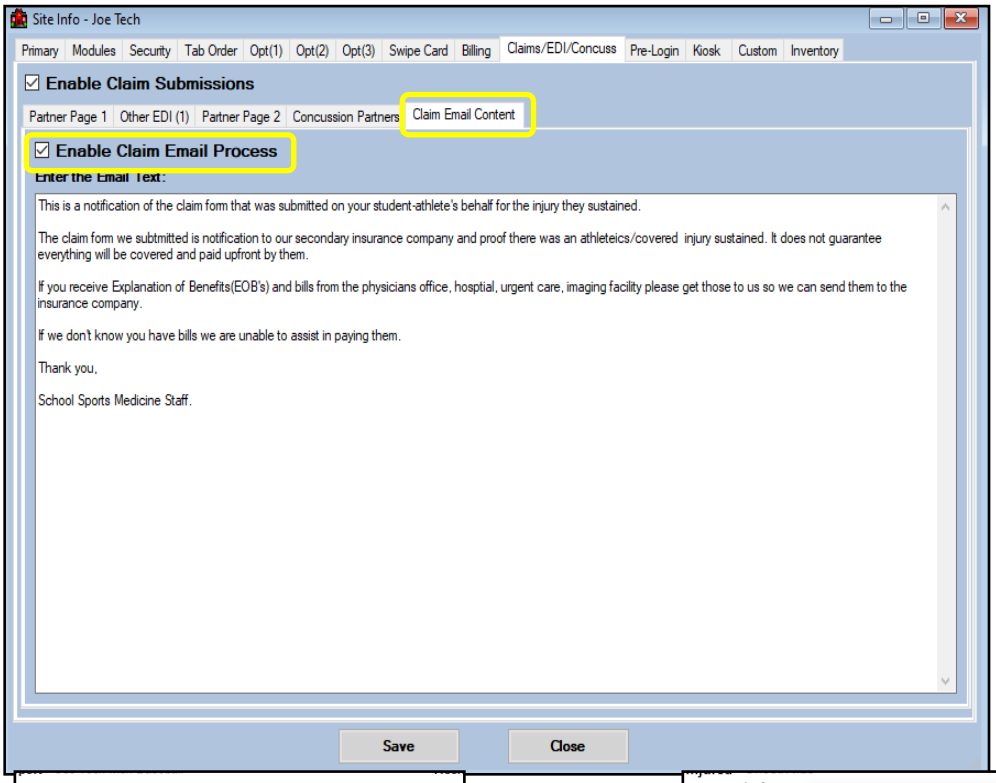
Other Claim Options:

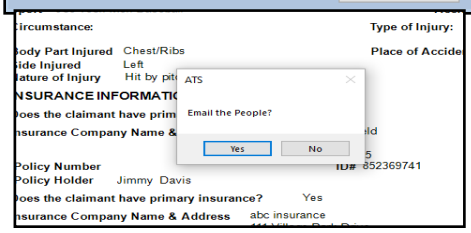
You now also have the option to include a notification email to the athlete, and or primary emergency contact that a claim was sent for an injured athlete/patient.

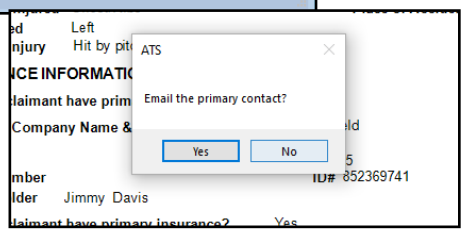
In the desktop (only currently 01/2026) Admin—> SiteInfo—> Claims/EDI/Concussion—> Claim Email Content.

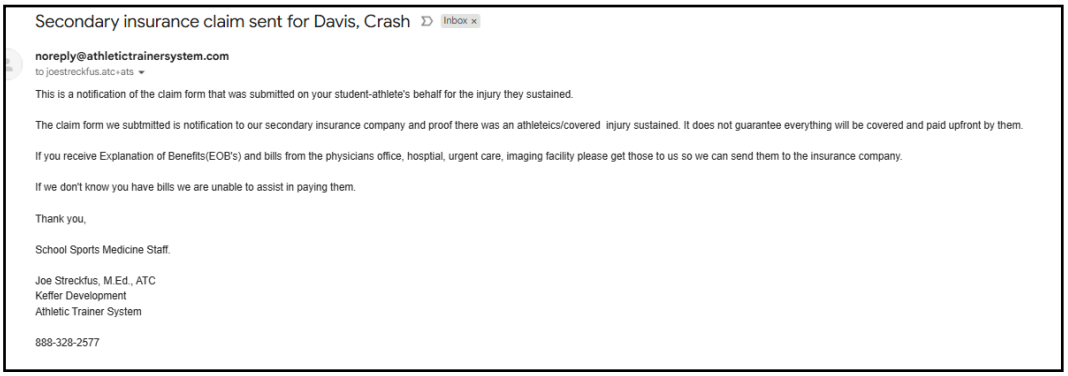
This area gives you an option to customize an email to those recipients and turn the process on.

You can send, or not even when the process is enabled, and will show during the claim creation process, prior to completion of the send.









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