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ATS— AG Administrator's Electronic Claim Submission

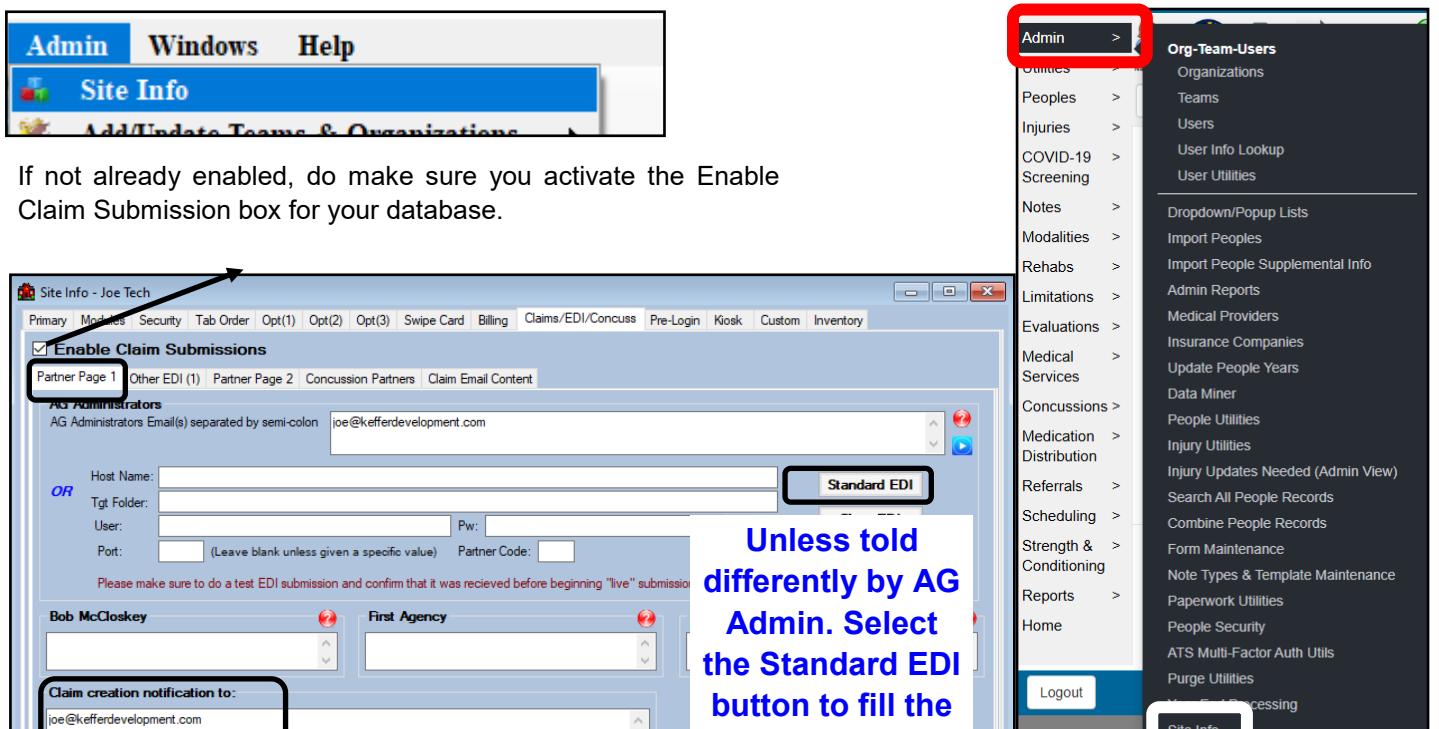
The interface with AG Administrators was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions; two methods to send a submission and what is stored in ATS after the submission is complete.

**** 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.

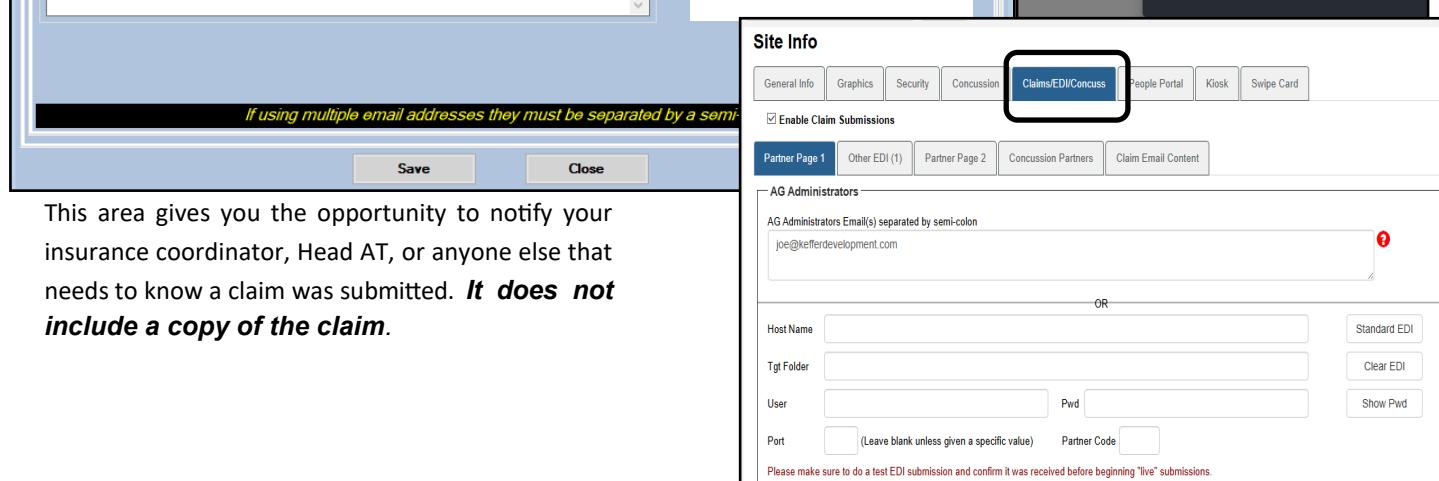
Under the Admin—>Site Info screen; on the “Claims/EDI” tab enter the required info. Unless otherwise noted the email should be claims@agadm.com You can set the claims in both the ATS Desktop or Staff Portal

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.



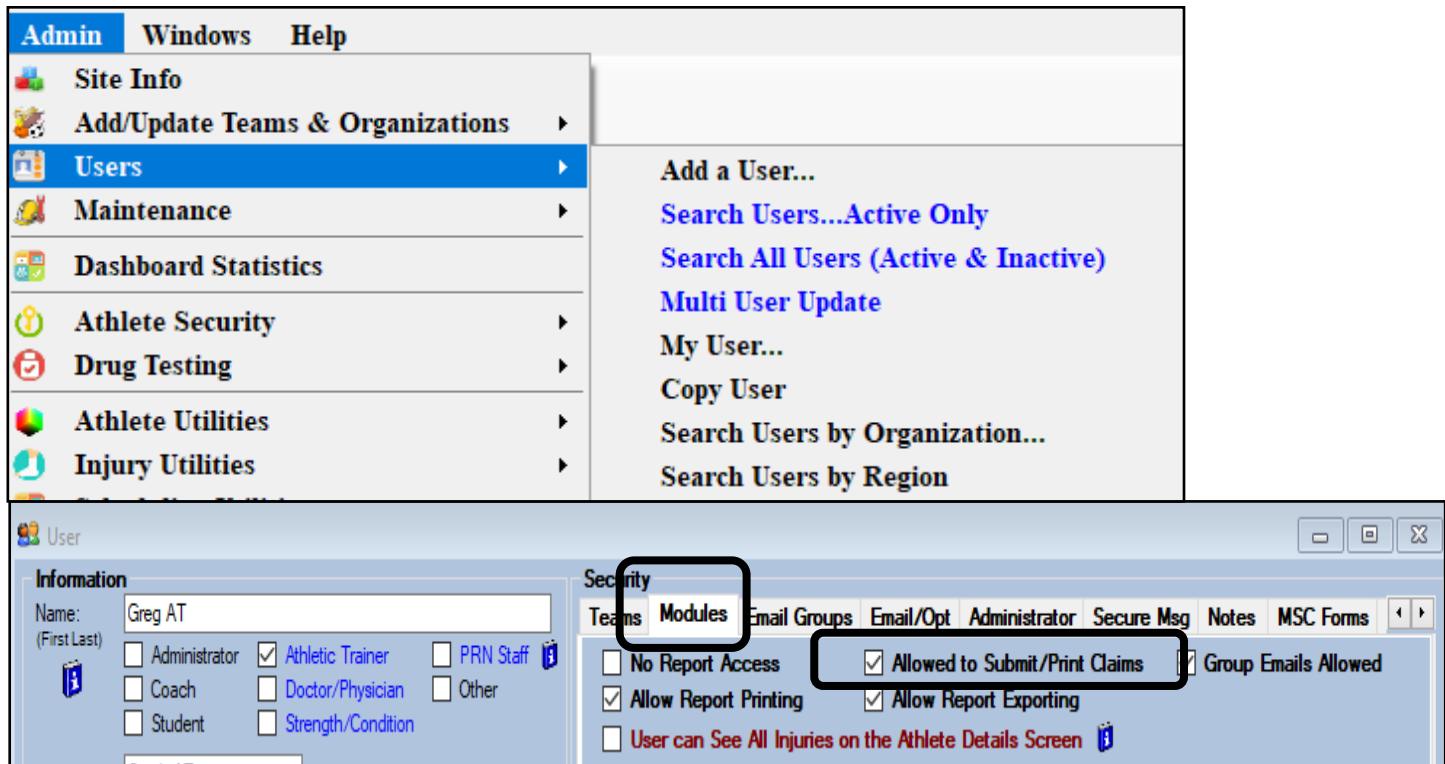
This area gives you the opportunity to notify your insurance coordinator, Head AT, or anyone else that needs to know a claim was submitted. ***It does not include a copy of the claim.***

ATS— AG Administrator's Electronic Claim Submission

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.



Admin Windows Help

Site Info

Add/Update Teams & Organizations

Users

Maintenance

Dashboard Statistics

Athlete Security

Drug Testing

Athlete Utilities

Injury Utilities

Add a User...

Search Users...Active Only

Search All Users (Active & Inactive)

Multi User Update

My User...

Copy User

Search Users by Organization...

Search Users by Region

User

Information

Name: Greg AT
(First Last)

Administrator Coach Student

Athletic Trainer Doctor/Physician Strength/Condition

PRN Staff Other

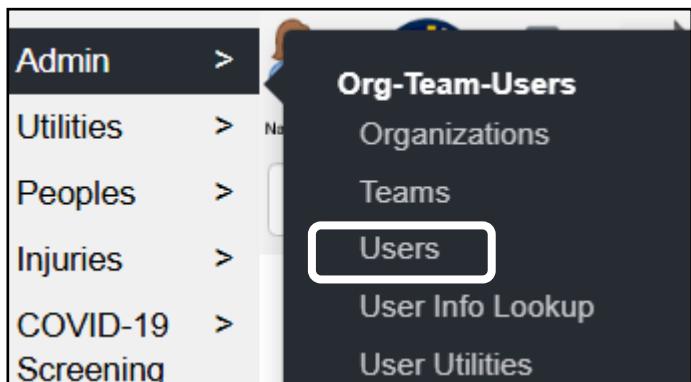
Security

Teams Modules Email Groups Email/Opt Administrator Secure Msg Notes MSC Forms

No Report Access Allowed to Submit/Print Claims Group Emails Allowed

Allow Report Printing Allow Report Exporting

User can See All Injuries on the Athlete Details Screen



Admin >

Utilities >

Peoples >

Injuries >

COVID-19 >

Screening

Org-Team-Users

Organizations

Teams

Users

User Info Lookup

User Utilities



Return to Users

User Maintenance - Joe Streckfus

General Info Teams Modules Email Groups Email/Opt Partial Admin Docs

No Report Access Allowed to Submit/Print Claims Group Emails Allowed

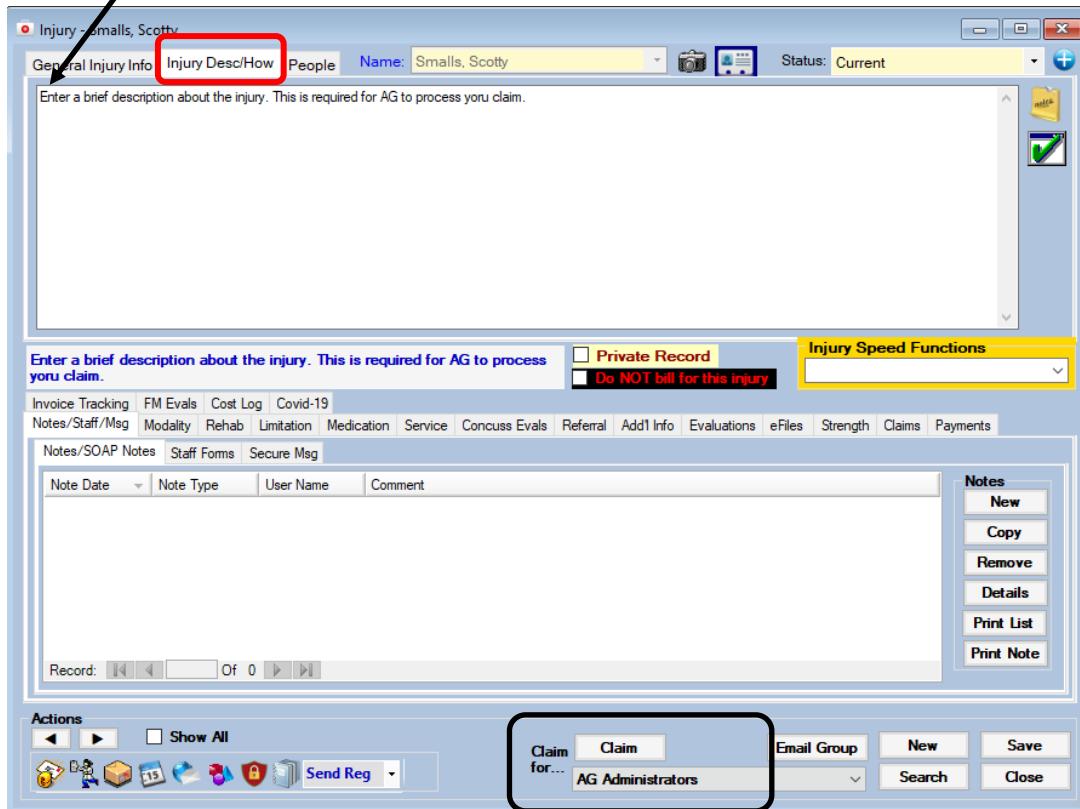
Allow Report Printing Allow Report Exporting Note Batch Allowed

User can See All Injuries on the People Details Screen Send Notices Allowed

Module Access

ATS— AG Administrator's Electronic Claim Submission

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.

ATS— AG Administrator's Electronic Claim Submission

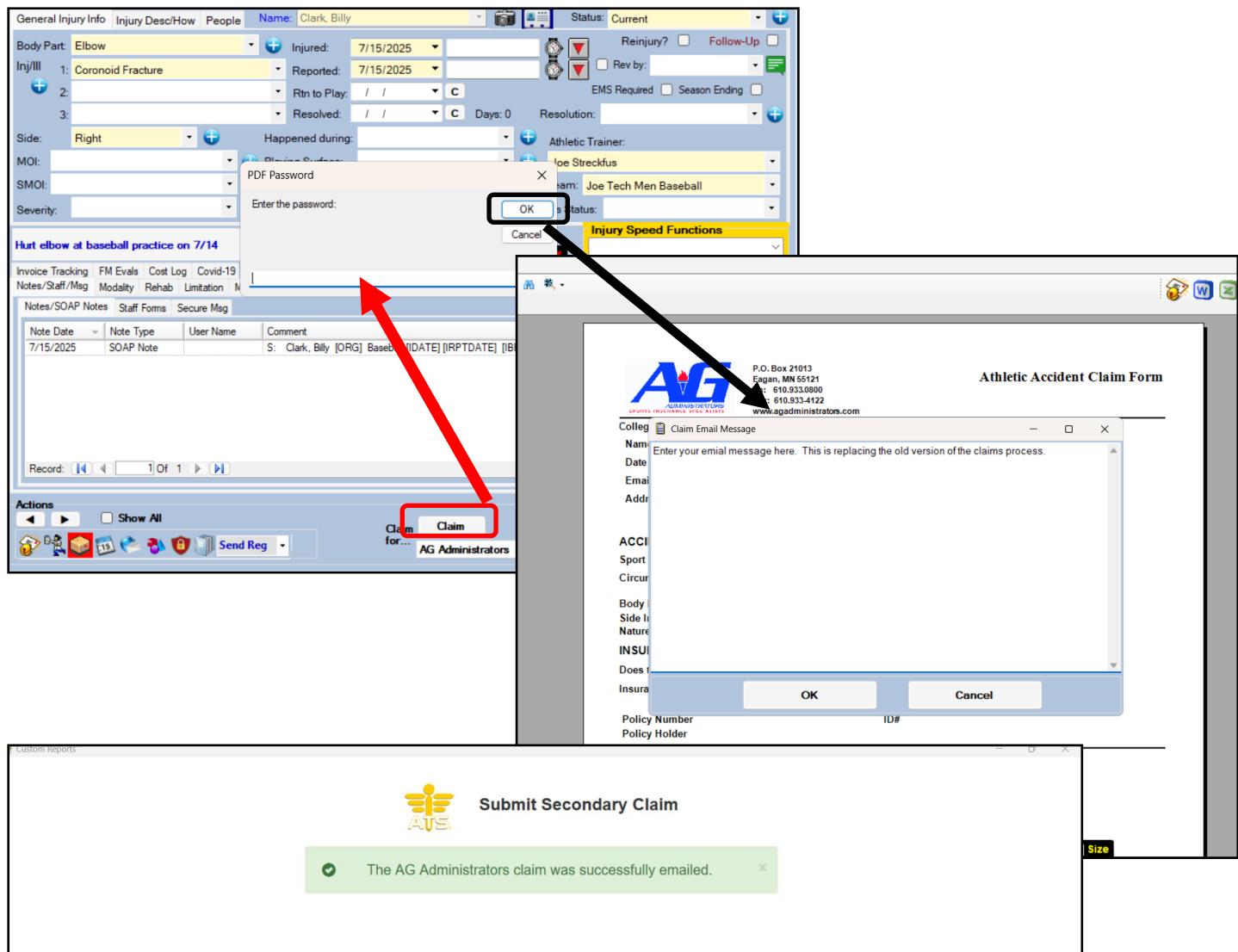
If you are sending an email to AG, you are required to encrypt the document prior to it being sent.

** 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:



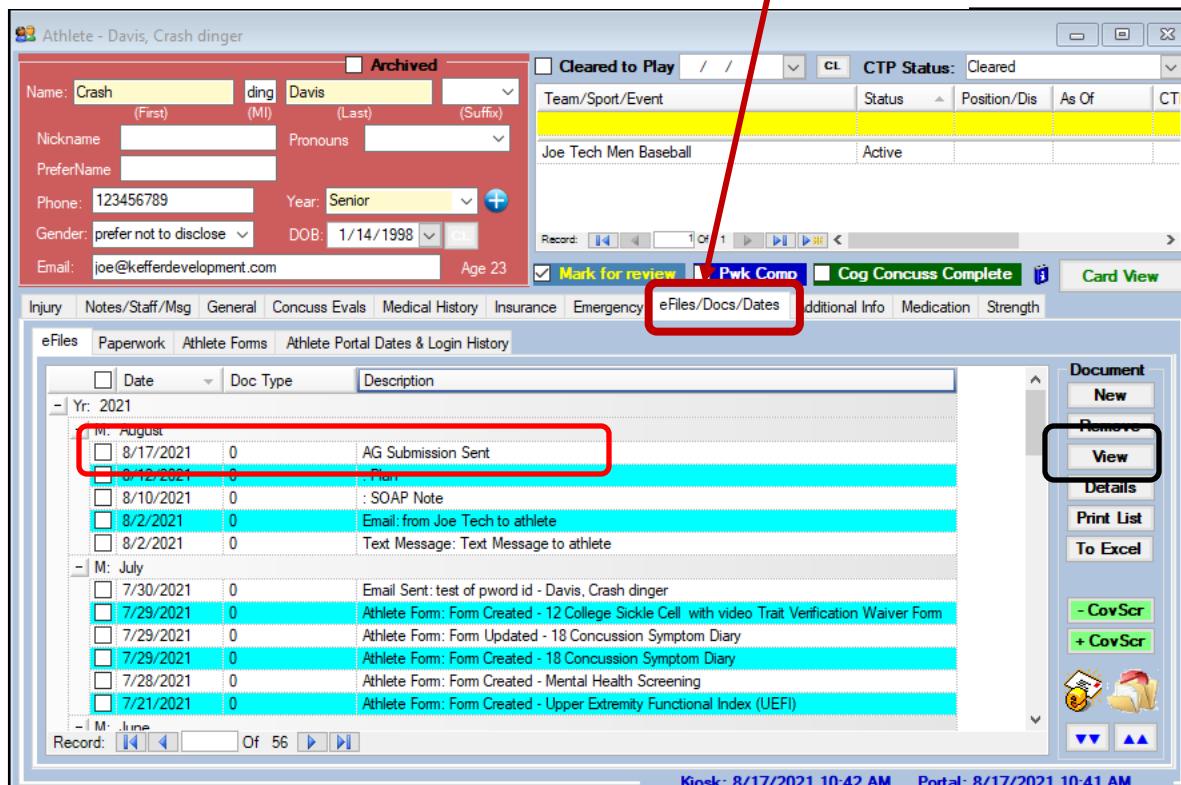
Staff Portal Submissions:

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.

ATS— AG Administrator's Electronic Claim Submission

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

ATS— AG Administrator's Electronic Claim Submission



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 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

Sport Joe Tech Men Baseball

Accident Date: 03/17/2022

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

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/Concuss—> 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.

The screenshot shows the 'Site Info - Joe Tech' application window. The 'Claims/EDI/Concuss' tab is selected. In the 'Claim Email Content' section, the 'Enable Claim Email Process' checkbox is checked and highlighted with a yellow box. The 'Enter the Email Text:' area contains a message about the notification of a claim submission. Below this, two small pop-up windows are displayed: one for 'Circumstance' and one for 'INSURANCE INFORMATION'. The 'Circumstance' window shows an injury to the left side, 'Place of Accident' as 'ATS', and an 'ID# 852369741'. The 'INSURANCE INFORMATION' window shows 'Primary Insurance' for 'Jimmy Davis' with an 'ID# 852369741'. At the bottom, an email preview window shows the sent email to 'noreply@athletctrainersystem.com' with the same message content and recipient information.