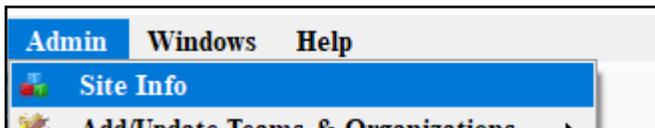


# ATS— AG Administrator’s Electronic Claim Submission

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**

We do recommend talking to AG to verify where the claims need to go.

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

**Enter the applicable EDI Information provided by AG Administrators:**

- Password
- Port
- Partner code will always be “ATS”
- User

The other option with AG is using the EDI transmission.

**Typically, you will use the Standard EDI Submission**

**Click the button to fill in the EDI fields.**

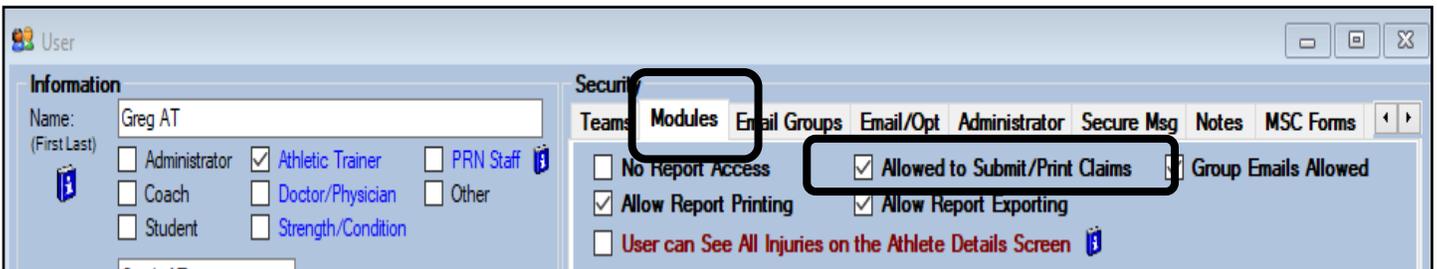
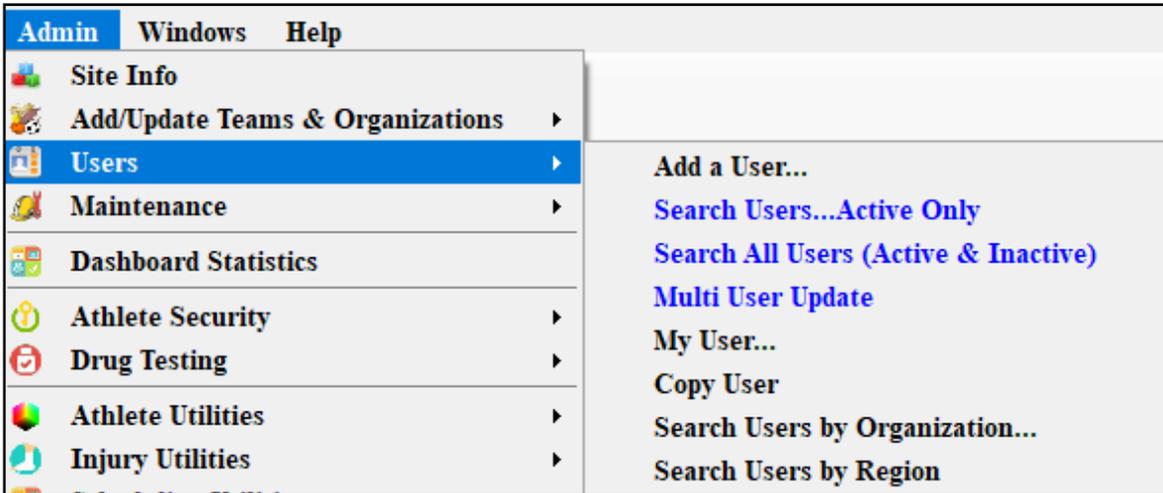
**Again, verify with AG where the EDI needs to be sent. If there is any different information they need.**

# 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.



# ATS— AG Administrator’s Electronic Claim Submission

To submit a claim, select “AG Administrators” from the “Claim For” list, then click the “Claim” button. Clicking this button sends an email to AG Administrators and adds a electronic document to the injury information.

General Injury Info Injury Desc/How Athlete Name: Davis, Crash Status: Current

Body Part: Knee Injured: 3/17/2022 10:58 AM Re injury? Follow-Up

Inj/ill 1: Anterior Cruciate Ligament (ACL) TearF Reported: 3/17/2022 10:58 AM Mark for review

2: Rtn to Play: / / CL EMS Required

3: Resolved: / / CL Days: 0 Resolution: Season Ending

Side: Right Happened during: Practice Athletic Trainer: Joe Streckfus Bypass NCAA/HS?

MOI: Playing Surface: Dirt Team: Joe Tech Men Baseball

SMD: Event Type/Name: Practice Ins Status:

Severity: Surgery Required? on / / CL

Be sure to enter a brief injury note to describe what happened, this goes on the  Do NOT bill for this injury  Private Record  Card View

Payments Invoice Tracking FM Evals Cost Log Covid-19

Modality Medication Rehab Limitation Service Concuss Evals Referral Notes/Staff/Msg Notes/More Evaluations eFiles Strength NCAA/HS Claims

Notes/SOAP Notes Staff Forms Secure Msg

Note Date Note Type Comment

Record: Of 0

Actions Show All M: nope ... Claim for AG Administrators Claim Email Group New Save R: Medical Alert... Search Close

For AG, you must include an injury note in the Injury Desc/How box. This does get put on the injury claim.

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

If you are submitting by EDI you will not.

**Note:** After clicking the “Claim” button you will see the prompt asking you about encrypting the PDF. We recommend you do this; and remember the password used. **ATS does not store the password...**

ATS

Encrypt the PDF document for submission? Note: This file will not be encrypted in the athlete's file.

Yes No

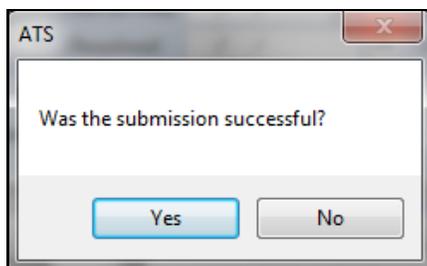
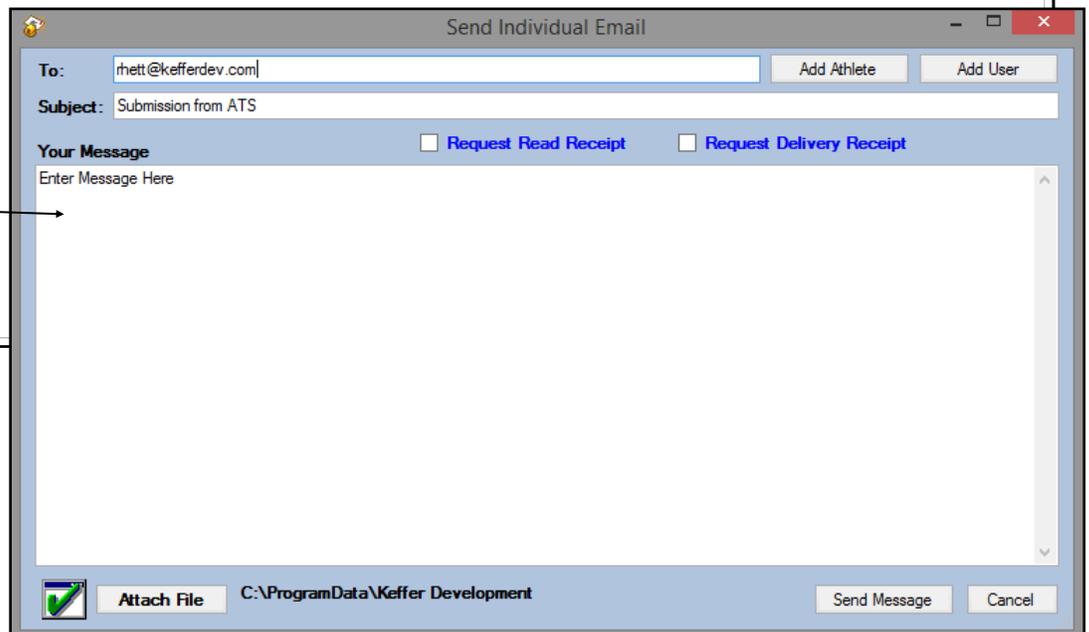
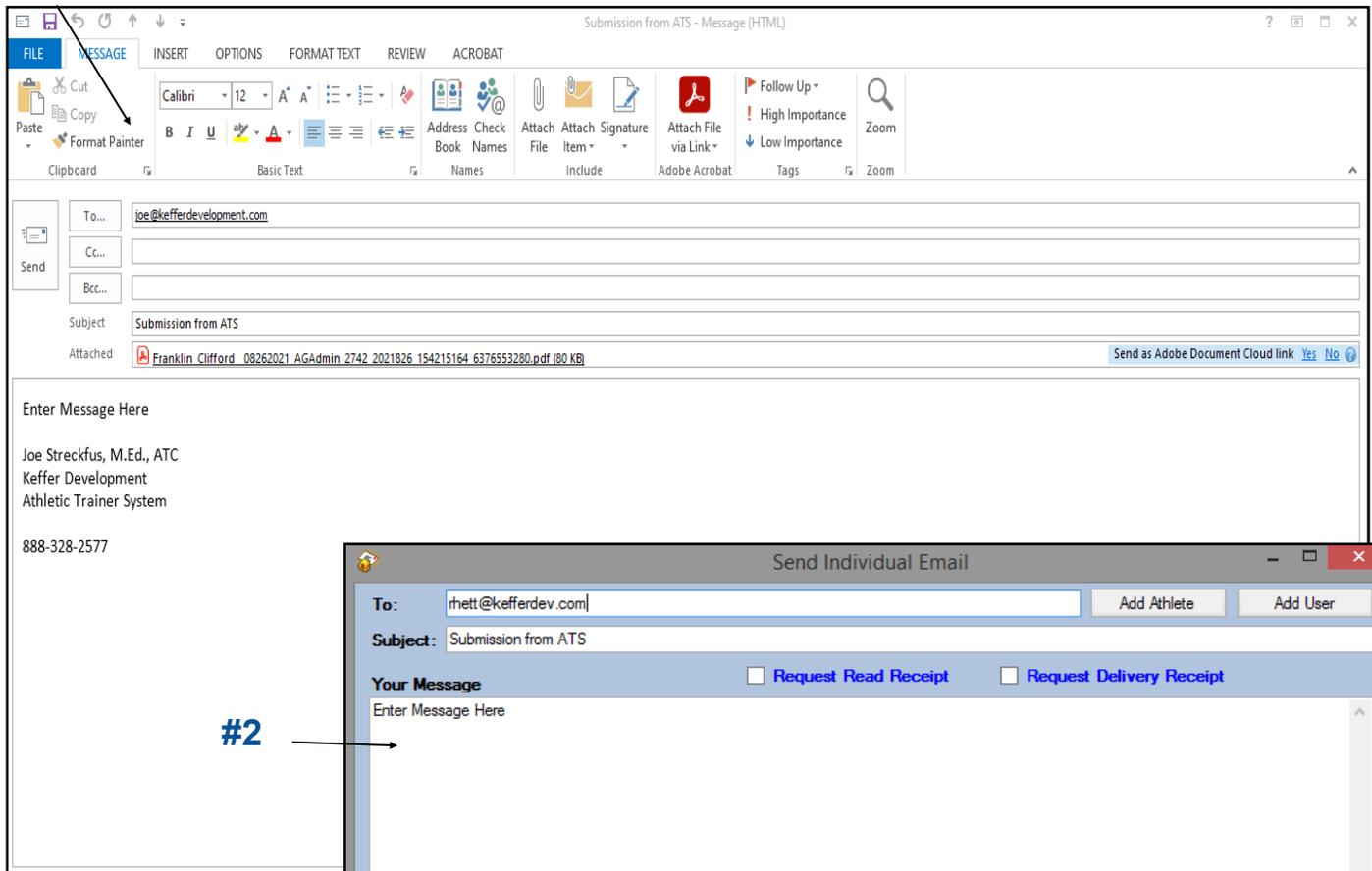
**As part of the submission process you will be asked if you want to encrypt the submission with a password. We STRONGLY recommend using a password and coordinating this with your contact.**

After clicking yes or no;

- if you are using MS-Outlook your claim will be attached to an email (#1 on the next page).
- If you are not using MS-Outlook the ATS email screen will be used (#2 on the next page)

# ATS— AG Administrator’s Electronic Claim Submission

#1



After the submission the processes you will see the screen shown to the left. Answering “Yes” updates the submitted date for the injury.

The results are shown below...

# 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.

The screenshot shows the 'Athlete - Davis, Crash dinger' profile page. The 'eFiles/Docs/Dates' tab is selected, displaying a list of documents. The document 'AG Submission Sent' dated 8/17/2021 is highlighted. The 'View' button in the document actions menu is also highlighted.

**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	<b>Athletic Accident Claim Form</b>
	<b>College/University Name</b> KDS Sports	
<b>Athlete's Name</b> Anderson, Charlotte		
<b>Date of Birth</b> 03/01/1994	<b>Sex:</b> Female	<b>Cell Phone:</b> 222-555-11166
<b>Email Address</b> patrick@kefferdevelopment.com		<b>Last 4 of SS#:</b> 2333
<b>School Address</b> 166 Park Drive Grove City PA 16127		<b>Home Address</b> other address Grove City PA 16127
<b>ACCIDENT INFORMATION</b>		
<b>Sport</b> ABC Women Soccer		<b>Accident Date:</b> 08/03/2010
<b>Circumstance:</b> Game		<b>Type of Injury:</b> bee sting
<b>Body Part Injured</b> Achilles		<b>Place of Accident</b>
<b>Nature of Injury</b> test		
<b>INSURANCE INFORMATION</b>		
<b>Does the claimant have primary insurance?</b> Yes		
<b>Insurance Company Name &amp; Address</b> All-n-One Insurance 101 Main Street Muddville PA 11111		<b>ID#</b> 33343434
<b>Policy Number</b> 101-33		

# 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

**Accident Time:** 10:58 AM

**Circumstance:** Practice

**Type of Injury:** Anterior Cruciate Ligament (ACL)  
Tear Partial 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