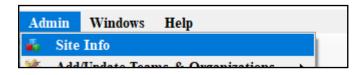
The interface with Student Assurance Services was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions and what is stored in ATS after the submission is complete.

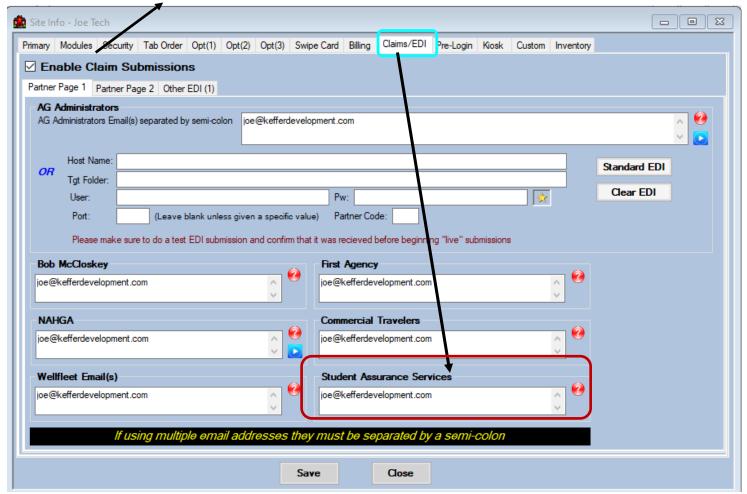
** Make sure you mark the "primary" insurance company on the athlete info; "Payor #" = 1. This can be done manually or when the athlete is doing their registration in the portal.

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 <u>Required Fields</u> doc.



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

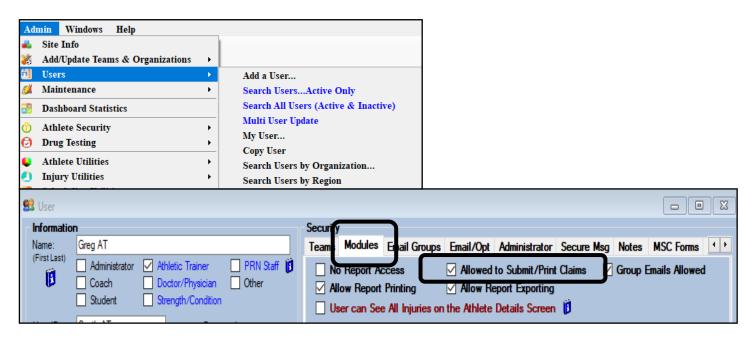
Under the Admin—>Site Info screen; on the "Claims/EDI" tab. We always recommend communicating with your SAS claims handler where the claim should be sent. Unless differently told, it should be claims@sas.com



User Profile:

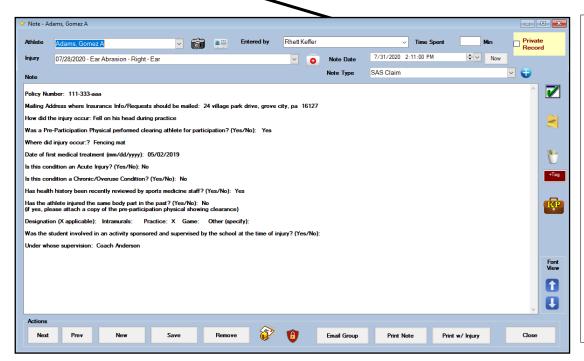
Be sure to allow access to submit/print claims for those staff members that will need to submit claims.

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



Insurance Specific Information:

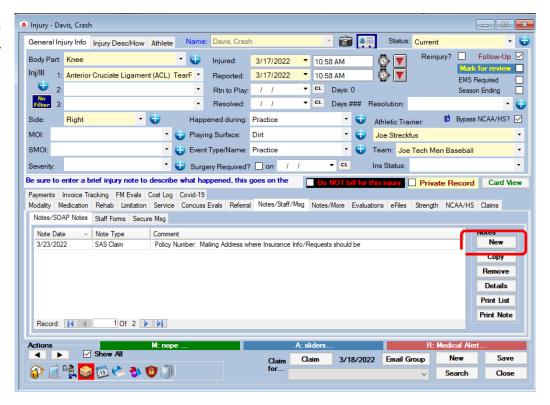
In addition to the insurance information; you *MUST* have a note/soap note type called "SAS Claim". This should be formatted as shown below, and <u>added for each injury with the applicable information.</u>



You can create the note template on your own, by using the information here (must be exact), see the note template help doc for more info on creating templates. Or you can contact ATS and we can copy the template to your database.

Prior to submitting a claim, you will need to create the injury, complete the Injury Desc/How box on the injury screen, as well as complete the SAS specific note.

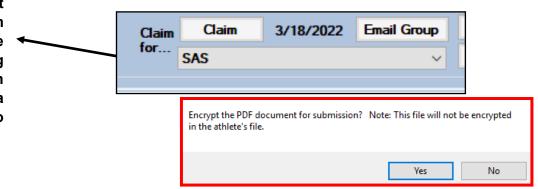
Complete the injury screen, and add your notes as well as the SAS note. The SAS note does need to be completed thoroughly.



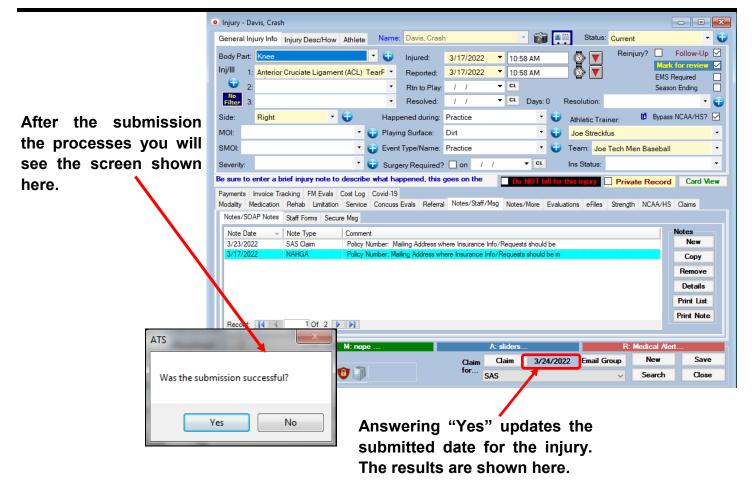
Add the Injury Description/how note.



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



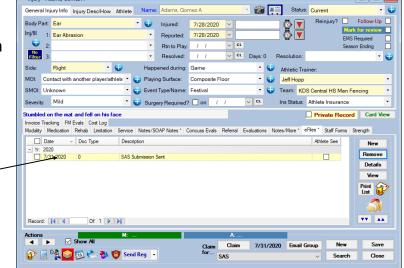
As part of the submission process you will be asked if you want to encrypt the submission with a password. We STRONGLY recommend using a password and coordinating this with your contact.



To see the claim that was sent:

1. Navigate to the eFile 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.



<u>Note</u>
Full-size example on next page

Print Date: 03/24/2022

PROOF OF CLAIM

There is a timely filing period of one year and ninety days. Do not wait to send information as this may result in claim denial.

Mail, Fax or Email completed form to: STUDENT ASSURANCE SERVICES, INC. P.O. BOX 196 STILLWATER, MINNESOTA 55082-0196

NOTICE: Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

School/Organization: Joe Tech

INJURY INFORMATION

Athlete's Name: Davis, Crash Sport: Joe Tech Men Baseball

Date of Birth: 01/14/1998 Gender: PND SSN: 112-34-5678 Year: Senior

Email: joe@kefferdevelopment.com

Type of Injury: Anterior Cruciate Ligament (ACL) TearPartial Or Injury Date: 03/17/2022

Complete

Body Part: RightKnee Injury Time: 10:58 AM

Circumstance: Practice - Dirt

Be sure to enter a brief injury note to describe what happened, this goes on the injury claim.

Note by: Joe Streckfus

Policy Number:

Mailing Address where Insurance Info/Requests should be mailed

How did the injury occur: Default Concussion Injury

Was a Pre-Participation Physical performed clearing athlete for participation? (Yes/No):

Where did injury occur:?

Date of first medical treatment (mm/dd/yyyy):

Is this condition an Acute Injury? (Yes/No):

Is this condition a Chronic/Overuse Condition? (Yes/No):

Has health history been recently reviewed by sports medicine staff? (Yes/No):

Has the athlete injured the same body part in the past? (Yes/No):

(if yes, please attach a copy of the pre-participation physical showing clearance)

Designation (X applicable): Intramurals: Practice: Game: Other (specify):

Was the student involved in an activity sponsored and supervised by the school at the time of injury? (Yes/No):

Under whose supervision:

PARENT OR GUARDIAN

Parent or Guardian Phone Cell Work Email Relationship annie 123456789 joe@kefferdevelopment.com girl friend

Primary Address Secondary Address 24 Village Park Drive 62 Hartwell Circle Grove City PA 16127 Sometown PA 16227

SAS_Submit.rpt 03/24/2022

Per HIPAA (the Health Insurance Portability and Accountability Act of 1996) Regulations, this information is to bleeld in strict CONFIDENCE, to be used only making participation plans for the stude-rathletes. Information should not be passed to any other

Individual or group of individuals