You are able to generate a generic insurance claim for injuries. This document describes some of the options for this process.

📸 Site Info - Ashley U		
Primary Modules Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Billi	ng Claims/EDI Pre-Login Kiosk Custom Inventory	
Main HIPAA Statement Claim Header Claim Footer Electronic Signature Legal	Athlete Portal Emergency Protocol	
Enter the HIPAA Statement:		
Per HIPAA the Health Insurance Portability and Accountability Act of 1996) Regulatio CONFIDENCE, to be used only making participation plans for the student-athletes. In or group of individuals.	ns, this Information is to be held in strict	Under the \Admin\Site Info screen; on the "HIPPA Statement" tab under the
		"Primary" tab you are able to enter the information you want to use for the report footer. This same information will also be used on other reports.
Site Info - Ashley U Primary, Medides, Sacurity, Tab Order, Oct(1), Oct(2), Oct(2), Suring Card, Billio		
rimary Modules Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Billin	g Claims/EDI Pre-Login Kiosk Custom Inventory	
Main HIFAA Statement Claim Header Claim Pooter Electronic Signature Legal	Athlete Portal Emergency Protocol	
Place file and chine with your insurance company before conding them to us. Place	🎰 Site Info - Ashley U	
with your information.	Primary Modules Security Tab Order Opt(1) Opt(2) O	ot(3) Swipe Card Billing Claims/EDI Pre-Login Kiosk Custom Inventory
If you have any questions please call us at 1-888-328-2577.	Main HIPAA Statement Claim Header Claim Footer Ele	ctronic Signature Legal Athlete Portal Emergency Protocol
	Insurance Claim Footer:	Ŭ
	I hereby authorize	^
	Athlete Signature	Date
Save Close	Ţ	
	Save	Close

As shown above, the claim header & footer information is entered under the \Admin\Site Info screen as well. The results of these entries can be seen on the example shown on page 4 of this document. Additional information and/or a template of additional information may be added using the note area on the injury screen.



Injury - Anderson, Charlotte

To generate the claim report; click on the "Claim" button on the injury screen, or you may print an individual claim using the option under the \Reports\Injury Reports menu.

Surface

Windows

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eports Admin

Team Reports

Athlete Reports

Coaches Reports

Injury Reports

Rehab Reports

Limitation Reports

Service Reports

Modality Reports

Referral Reports

Note Reports

Scheduling

Charts & Graphs

Supply Reports

Order Reports

Mailing Labels

General Reports

NCAA Reports

Equipment Reports

Concussion Reports

Medication Reports



- • ×

This page details where the various part of the claim information comes from...

KDS KDS KDS KDS KDS KDS KDS KDS KDS KDS	General Injury Claim Form Print Date: 11/30/2011	
Please file any claims with your insurance of relating to the claim along with your information of the second sec	company before sending them to us. Please include an documentation	Claim Header on the
	• 000 00 07 7	Site Info Screen
IT you have any questions please call us at	1-888-328-2577.	Site into Screen
Athlete's Name Anderson, Charlotte	Sport ABC Women Soccer	
Date of Birth 03/01/1994	SSN 111-22-2333	
Type of Injury: bee sting Cartilage Injury Body Part: Ankle	Concussion Injury Date: 09/27/2011	Injury "when",
Circumstance: Practice - Natural Grass		"surface" and
Hit another player atter d	iving	"description
1st Medical Treatment: x-ray or whatever		_
Was the athlete/student involved in an activ	/ity sponsored and supervised by the school at the time of injury? Yes ←	Injury "Note" area
Under whose supervision? Joe Smith		
Washe/sheawitness? No		
Parentor Guardian Phone Cell	Wort Email Relationship	
Tom Anderson (123) 412-3412 (123)	444-4444 (234) 333-3333 tom@kefferdevelopment.com Dad	Athlete emergency
Sharon Anderson (123) 333-2222 (222) Los Anderson 123-123-1234	333-4444 (234) 223-4234 Mom ← Brother	contacts
Fred Anderson	Brother	
School Address	Home A ddress	
166 Park Drive	othe r ad dress	Athlete address
Grove City PA 16127	Grove City PA 16127	information
Primary All-n-One Insurar	108	
101 Main Street		
Muddville PA 111 Contact Joe All	11 Email joe@omuddstuff.com	
Phone 111-22	2-3333 Fax	
Group/Policy Number 101-33 Policy Holder, Patrick Candle	DB 12/31/2010 SS# 999-99-9999	
24 Village Park Dr.	Phone 999-999-9999	Athlete insurance
Grove City PA 16127-2 Employer Keffer Development Service	222333	information
Secondary Ciona		
Contact	Email	
Phone ConvertBalliers Number	Fax	
Policy Holder Frank N Stein	DOB 11/16/1972 SS# 123-43-1111	
24 Village Park Drive	Phone	
Employer County Market		
		Claim Footer on the
I hereby authorize		Site Info Screen
Signature of Athle	te Da te	
Sign ature of Supervisor	Title Date	
		Report Footer on the
General_Injury_Submit.rpt Per HIPAA (the Fer	deral Health Information Privacy and Accountability Act) Regulations, this information is to be held	Site Info Screen
11/30/2011 In strict CONFIDE be passed to any o	NCE, to be used only making participation plans for the student-athletes. Information should not ther individual or group of individuals.	
)	

Be sure to check off allowed to submit/print claims for each user that will be doing so.

User	Security		
Name: Greg AT (First Last) Administrator Athletic Trainer PRN Staff Image: Coach Doctor/Physician Other Image: Student Strength/Condition	Teams Modules Email Groups Email/Opt Administrato No Report Access ✓ Allowed to Submit/Pri ✓ Allow Report Printing ✓ Allow Report Exporting User can See All Injuries on the Athlete Details Screen ✓	r Secure Msg Notes MSC Forms nt Claims g m (j)	
Login Date: / / Reset	Module	Access	^
Comentions Acklay Cham	Injury Insurance	Read-Write Read-Write	
Supervisor. Ashey Sham	Invoice Tracking	Read-Write	
F: AJJ. steesmolee@amsil.com	Limitation	Read-Write	

KDS Sports A 24 Village Park Drive G Grove City, PA 16127	General Injury Claim Form Print Date: 11/29/2011		
Please file any claims with your insurance company i relating to the claim along with your information.	before sending them to us. Please include an documentation		
If you have any questions please call us at 1-888-32;	8-2577.		
INJURY INFORMATION			
Athlete's Name Anderson, Charlotte	Sport ABC Women Soccer		
Date of Birth 03/01/1994	SSN 111-22-2333		
Type of Injury: bee sting Cartilage In Jury Concuss	sion Injury Date: 09/27/2011		
Body Part: An kie			
Circumstance: Practice - Natural Grass Hit another player after diving			
1st Medical Treatment: x-ray or whatever			
Was the athlete/student involved in an activity spons	ored and supervised by the school at the time of injury? Yes		
Underwhose supervision? Joe Smith			
Washe/sheawitness? No			
School Address	Home A ddress		
166 Park Drive	other address		
GIOVE CRY PA 16127	Glove City PA 16127		
IN SURANCE INFORMATION			
Primary All-n-One Insurance			
101 Main Street Muddylle PA 11111			
Contact Joe All	Email joe@muddstuff.com		
Phone 111-222-3333	Fax		
Group/Policy Number 101-33	ID# 33343434		
Policy Holder Patrick Candle	DOB 12/31/2010 SS# 999-99-9999		
24 VIIlage Park Dr.	Phone 999-999-9999		
Employer Keffer Development Services			
Secondary Cigna			
-			
Contact	Email		
Phone	Fax		
Group/Policy Number			
Policy Holder Frank Nistein 24 Village Bark Drive	DOB 11/16/1972 \$\$# 123-43-1111 Phone		
Grove City PA 16127	- Hone		
Employer County Market			
General_Injury_Submitrpt Per HIPAA (the Federal Health Information Privacy and Accountability Act) Regulations, this information is to be held In strict CONFIDENCE, to be used only making participation plans for the student-athletes. Information should not be passed to any other individual or group of individuals.			