

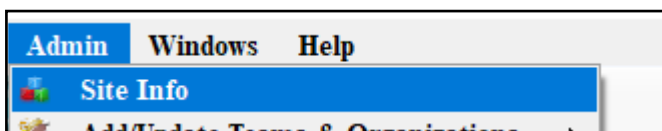
# ATS— American Specialties Interface

The interface with American Specialties was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions.

**\*\*\*MAKE SPECIAL NOTE, American Specialties claims are NOT Stored in ATS.\*\*\***

**\*\* 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” on Partner Page 2, tab enter the required info. You will need to communicate directly with American Specialties to ensure you have the correct domain to submit the claims to.

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

Enter the applicable EDI Information provided by American Specialty:

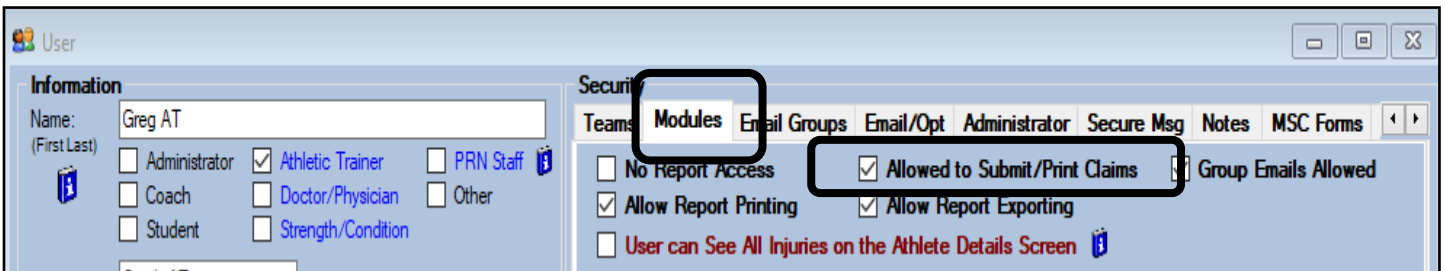
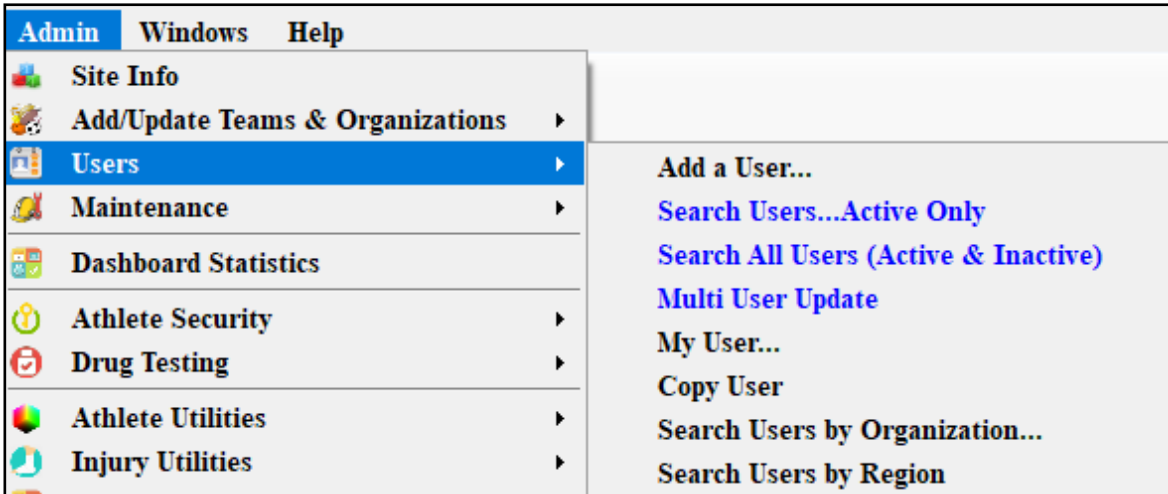
- Host Name
- School Key

# ATS— American Specialties Interface

## 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— American Specialties Interface

To submit a claim, select “American Specialty” from the “Claim For” list, then click the “Claim” button. Clicking this button sends an EDI claim to American Specialty and adds a electronic document to the injury information. Complete as much of the injury tab as possible, some of the information contained here will be transposed onto the injury insurance claim form that is opened.

**Injury - Davis, Crash**

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

Body Part: Knee | Injured: 3/17/2022 10:58 AM | Reported: 3/17/2022 10:58 AM

Inj/Ill 1: Anterior Cruciate Ligament (ACL) TearF | Rtn to Play: / / | Days: 0

Side: Right | Happened during: Practice | Playing Surface: Dirt | Team: Joe Team Men Baseball

MOI: | SMOI: | Event Type/Name: Practice | Team: Joe Team Men Baseball

Severity: | Surgery Required? on / / | Ins Status:

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

Date	Injury	Modalities	Time	Note(s)
12/29/2021 9:03:00 AM	Anterior Cruciate Ligament (ACL)...	Ace Wrap		
12/20/2021 10:23:00 ...	Anterior Cruciate Ligament (ACL)...	Active Range of Motion, Cold Whirlpool		
11/10/2021 12:19:00 ...	Anterior Cruciate Ligament (ACL)...	Ankle		
11/2/2021 12:00:00 AM	Anterior Cruciate Ligament (ACL)...	Electrical Stimulation- Interferential, G...		
11/1/2021 12:00:00 AM	Anterior Cruciate Ligament (ACL)...	Electrical Stimulation- Interferential, G...		
10/30/2021 12:00:00 ...	Anterior Cruciate Ligament (ACL)...	Electrical Stimulation- Interferential, G...		
10/29/2021 9:19:00 AM	Anterior Cruciate Ligament (ACL)...	Electrical Stimulation- Interferential, G...		

Record: 1 Of 7

Actions:  Show All

A: sliders... | M: nope ... | Medical Alert...

Claim for... **American Specialty**

3/18/2022 Email Group

# ATS— American Specialties Interface

After the “claim” button is clicked a web page will open with partially completed information. Make sure you complete the rest of the information and successfully “Submit Incident”.

https://appsrv4.amerspec.com/dbweb/f?p=132:2:::APP:P2\_INJ\_TRACKID:18311ATSTEST45T

NCAA CTS

## NCAA Group Basic Accident Medical Program

Corrections must be made before you can submit this incident.

- Please correct the injury type, we do not have a corresponding value for ANTERIOR CRUCIATE LIGAMENT (ACL) TEARPARTIAL OR COMPLETE.
- Please enter the accident time.
- Please enter the injured person's telephone number.
- Please enter the location.
- Please enter the location address.
- Please enter the location city.
- Please enter the location state.
- Please enter the location zip.
- Please enter the treatment date.
- Please enter the treatment description.
- Please answer the other insurance coverage question.

**Report an incident**

**Submit Incident**

When you click the above Submit Incident button you will finish the incident input process.

Asterick \* indicates required field.

### INSTITUTION INFORMATION

**Member Institution:** ATS  
**Address:** 24 Village Park Drive  
Grove City, PA 16127  
**Telephone:** 724-458-5289

### ACCIDENT INFORMATION

**Accident Date\*** 03/17/2022 **Accident Time\***

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

### INJURED PERSON INFORMATION

**First Name\*** Crash **Last Name\*** Davis **Gender\***  **Date of Birth\*** 01/14/1998

***Note No eFile and/or print of the claim will be saved in ATS.***