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.
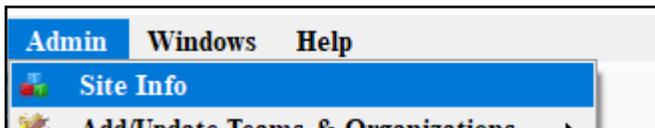
Under the Admin—>Site Info screen; on the "Claims/EDI" tab...enter the required info. Unless otherwise noted the email should be claims@agadm.com

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.

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.

Enter the applicable EDI Information provided by AG Administrators:
- **Host Name**
- **Target Folder**
- **User**
- **Password**
- **Port**
- **Partner code will always be "ATS"**

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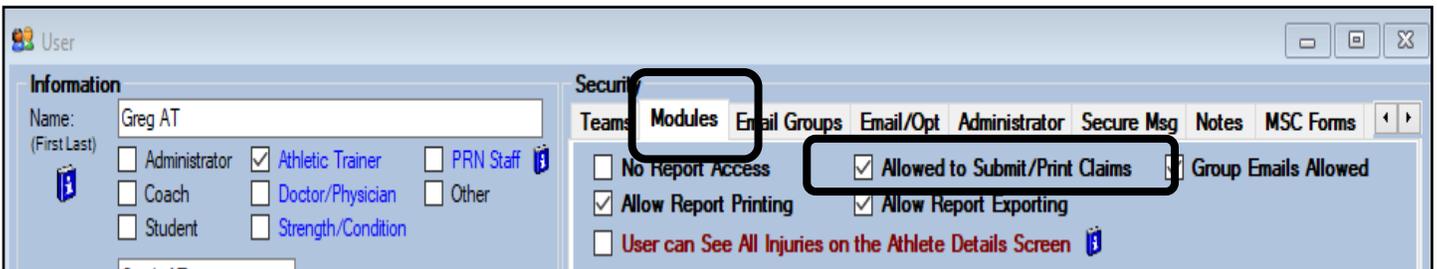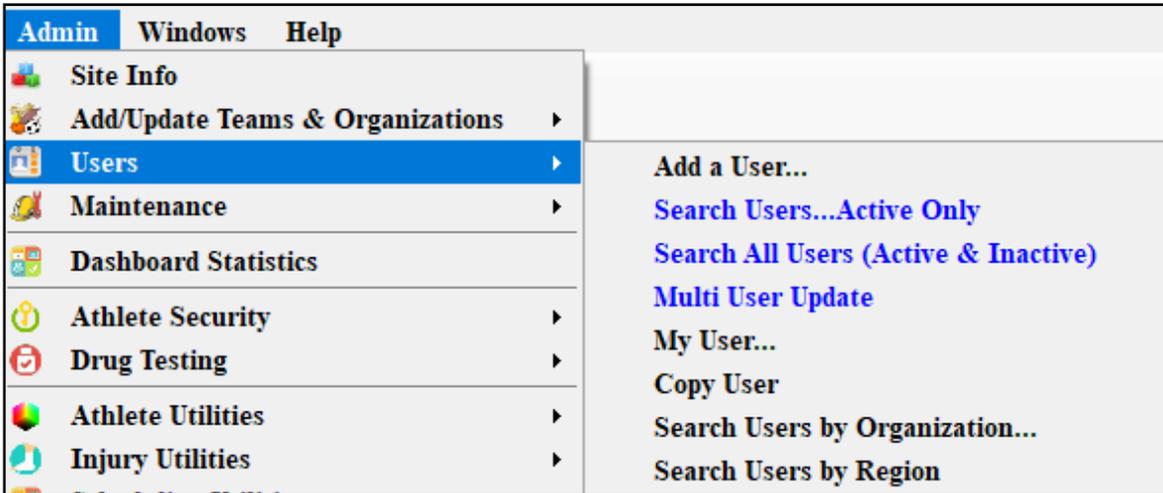
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To submit a claim, select "AG Administrators" from the "Claim For" list, then click the "Claim" button. Clicking this button sends an email to AG Administrators and adds a electronic document to the injury information.

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...**

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)**

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#1

#2
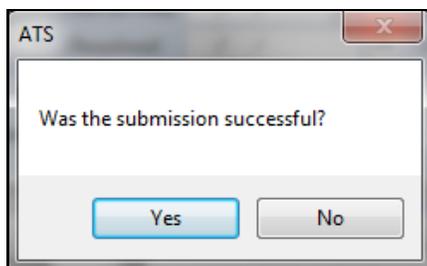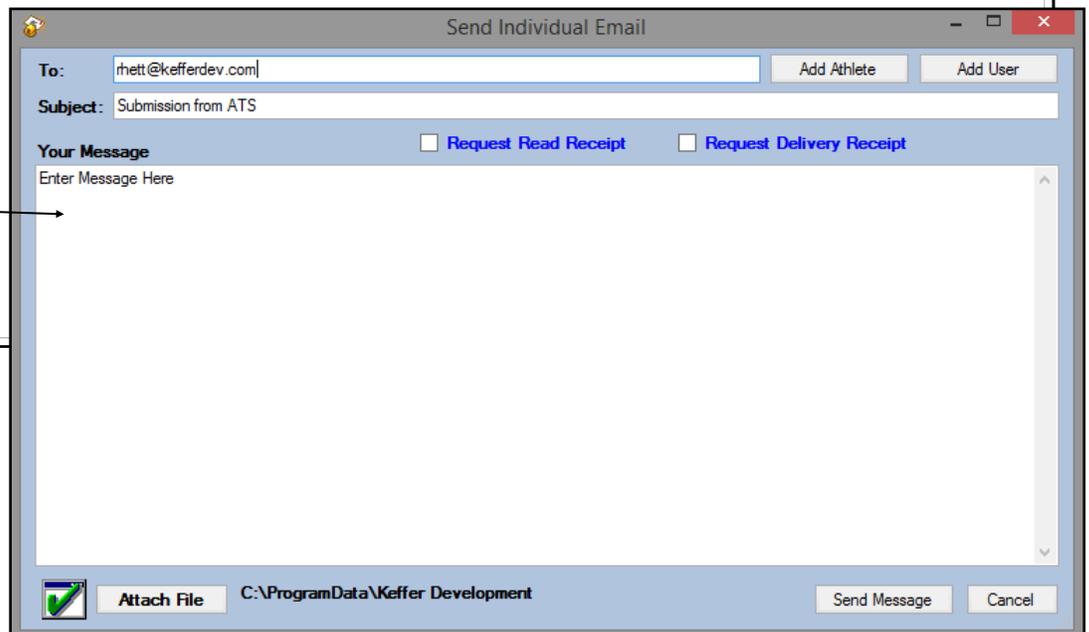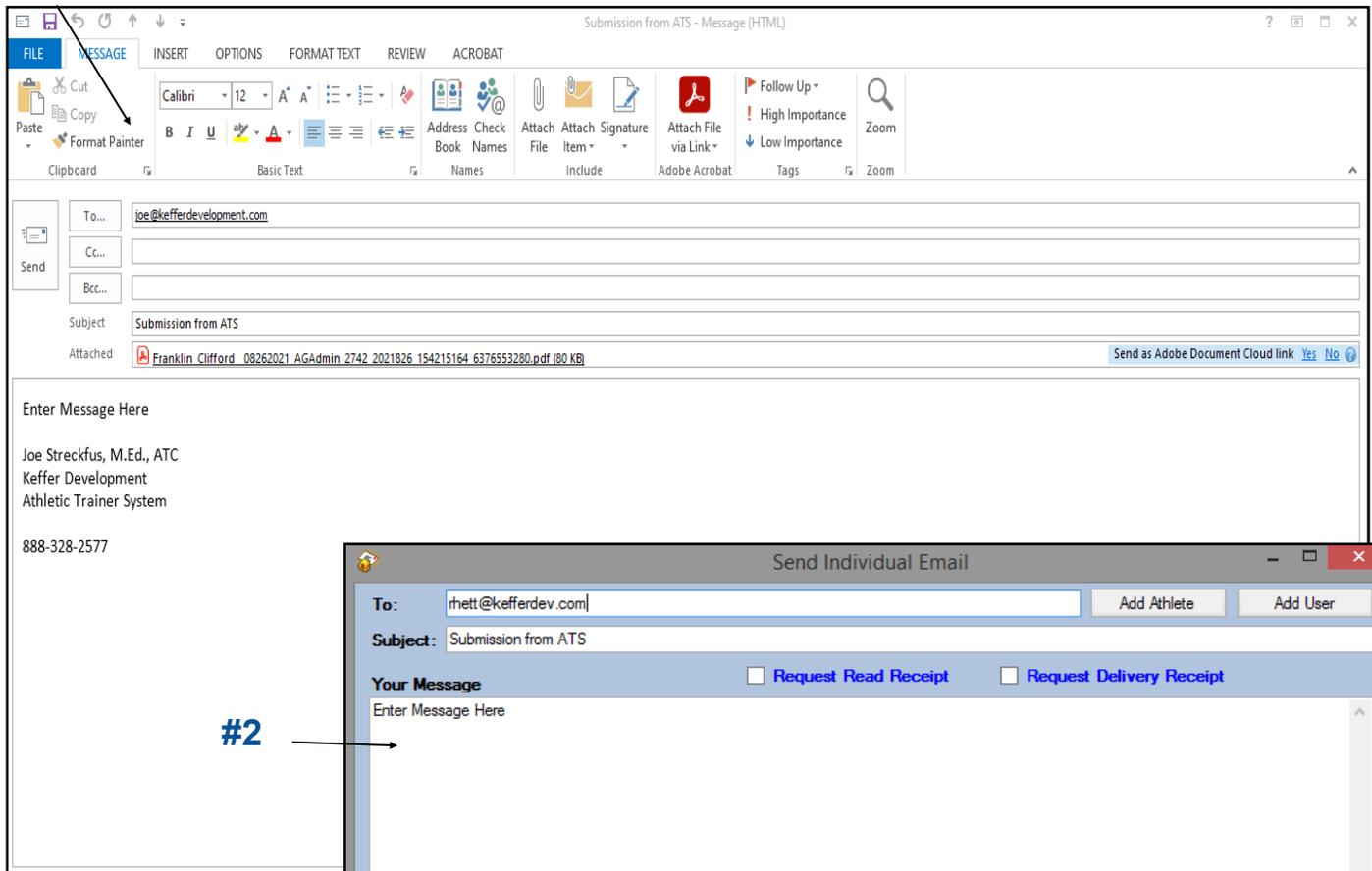
After the submission the processes you will see the screen shown to the left. Answering "Yes" updates the submitted date for the injury.

The results are shown below...

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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.**

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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   **Additional Address**
24 Village Park Drive   62 Hartwell Circle
Grove City PA 16127   Sometown PA 16227

ACCIDENT INFORMATION   **Accident Date:** 03/17/2022

Sport Joe Tech Men Baseball   **Accident Time:** 10:58 AM

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
                                            ID# 852369741
Policy Number
Policy Holder   Secondary Insurance