

ATS— Bob McCloskey Insurance Interface

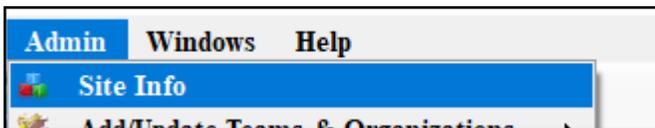
The interface with Bob McCloskey was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions; how to send a submission and what is stored in ATS after the submission is complete.

**** 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.**

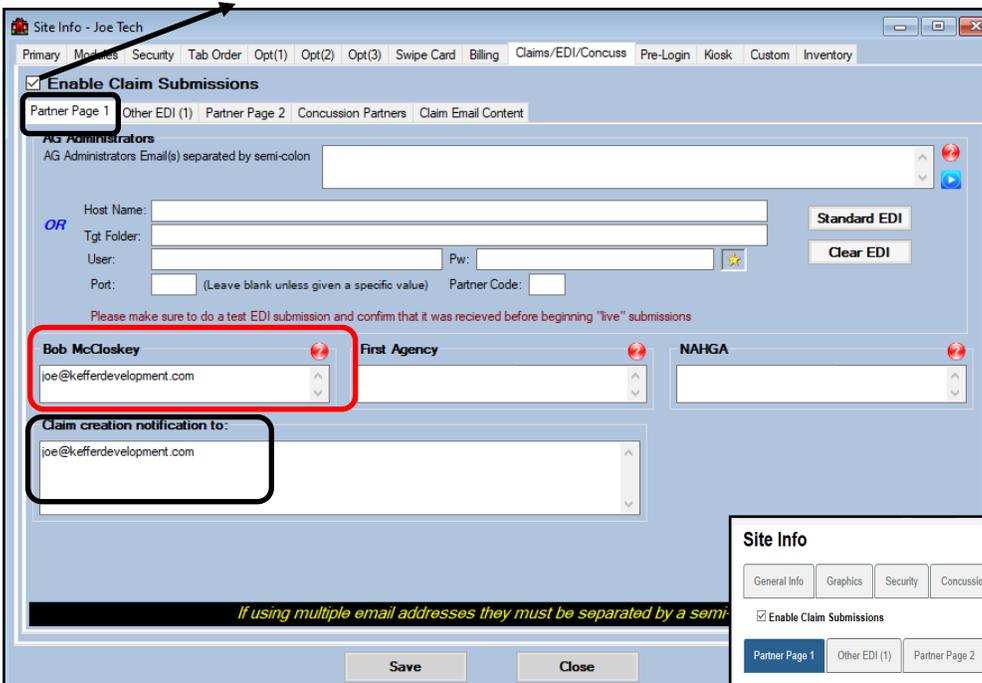
We also recommend setting require fields to ensure that the necessary information is entered both by athlete and staff for the injury claims. For more info check out the [Required Fields](#) doc.

Under the Admin—>Site Info screen; on the “Claims/EDI” tab enter the required info. Unless otherwise noted the email should be ATS@bobmccloskey.com or the address provided by Bob McCloskey

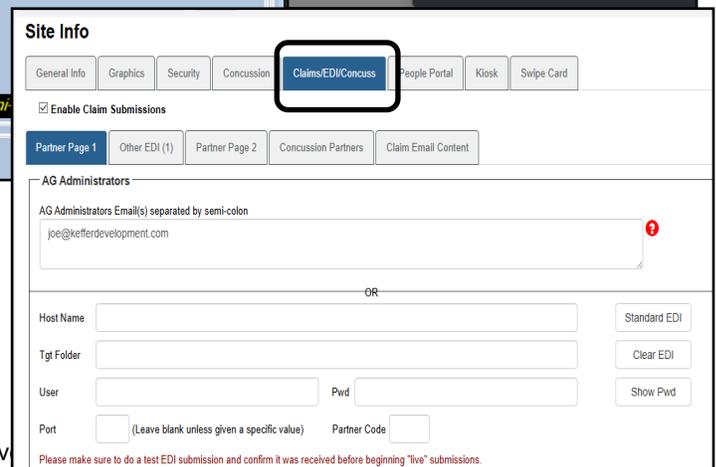
You can set the claims in both the ATS Desktop or Staff Portal



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



This area gives you the opportunity to notify your insurance coordinator, Head AT, or anyone else that needs to know a claim was submitted. **It does not include a copy of the claim.**

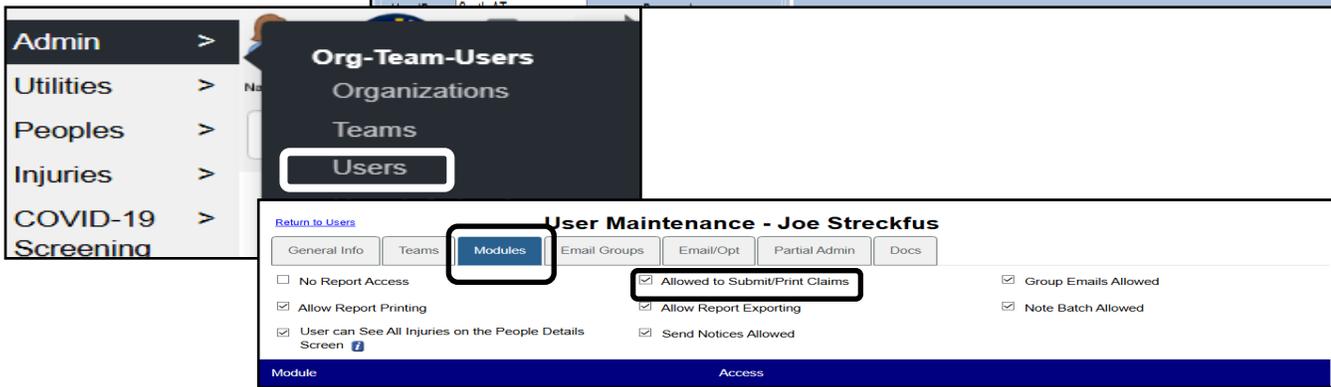
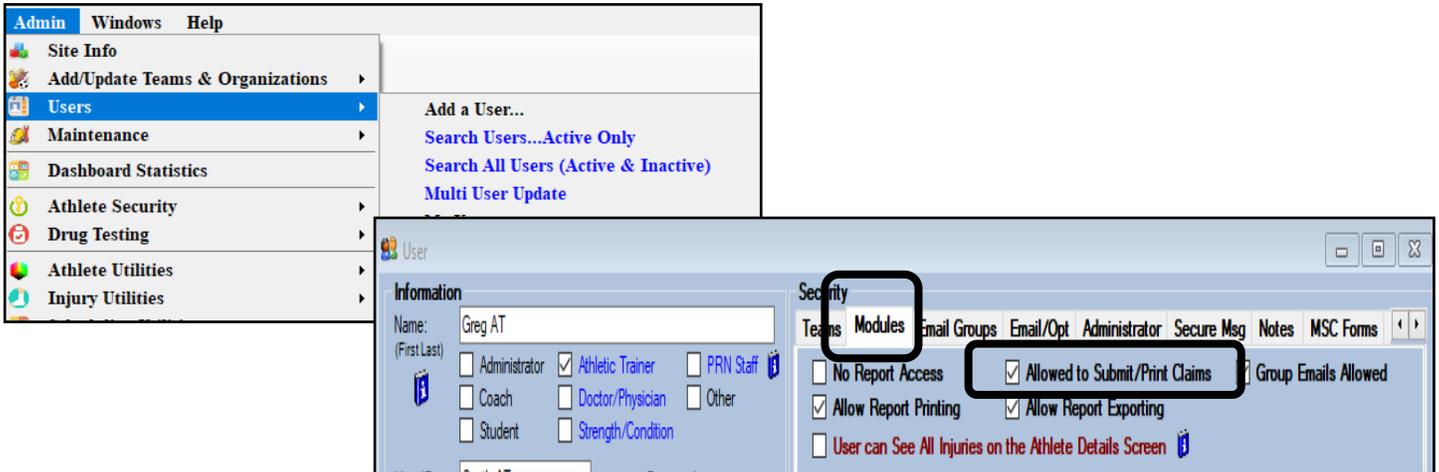


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User Profile:

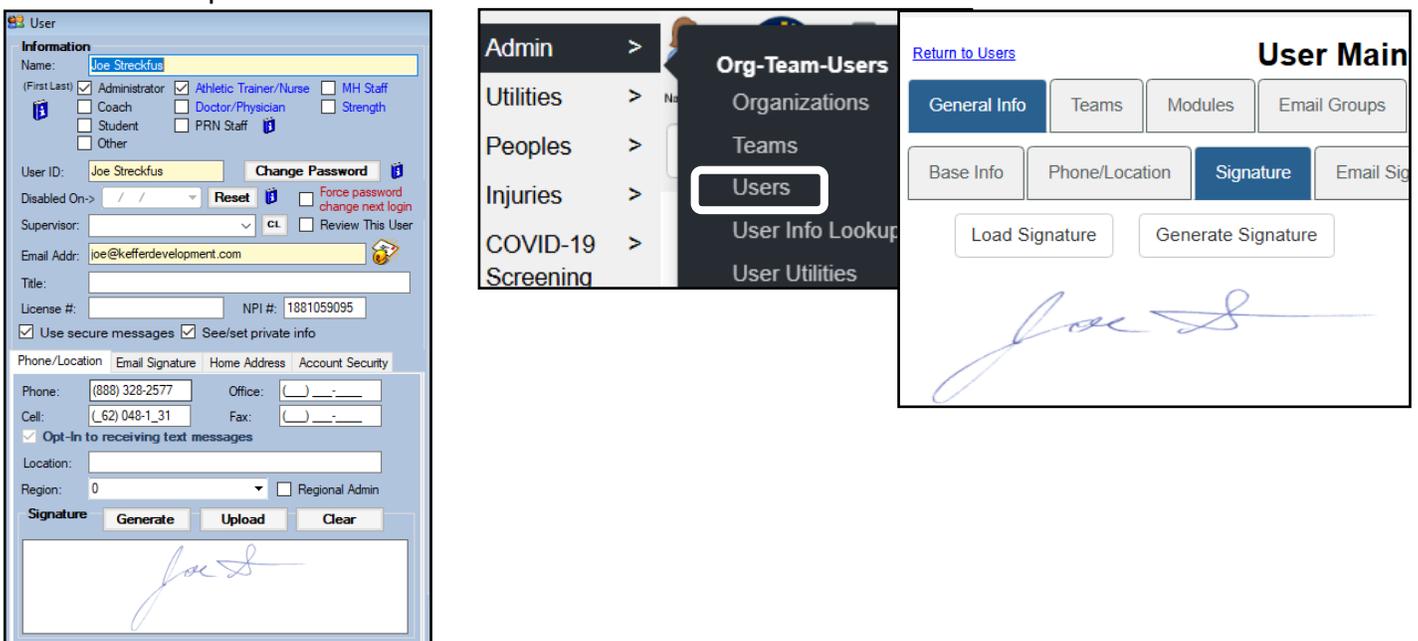
Be sure to allow access to submit/print claims for those staff members that will need to submit claims.

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



Also, each AT that will be submitting claims; needs to have a signature as part of their account. There are options to upload a signature or create one through ATS.

Use the Generate button to have ATS create you a signature, or if you have one as an image you can use the upload button to the area.



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BMI Specific Information:

In addition to the insurance information; on the Policy Holder are of the insurance details, the employed & employer name should be indicated so they show correctly on the claim. The remainder of the information should also be filled out again to show correctly on the claim form. Ref Pg 2, and Set Required fields like to make this mandatory during athlete registration.

Athlete - Davis, Crash

Archived

Name: Crash (First) Davis (Last) CTP Status: Cleared

Team/Sport/Event: Joe Tech Men Baseball, Joe Tech Coed Behavioral Health

Insurance Tab: No Primary Insurance

Company	Type	Pay #	ID No	Group No	Insurance Phone	PCP	PCP Phone
Blue Cross Blue Shield (Philadelph...	Medical - HMO	1	8523...				
Jimmy	Davis			1/1/1960	145-67-8941	Child	2/1/2021
abc insurance (Grove City PA)	Medical - HMO	3	abod...	123456			
Joe	Streckfus			8/24/1987		Self	1/1/2022
Blue Cross Blue Shield (Philadelph...	Medical - HMO	99	8523...				2/1/2021
Secondary	Insurance						

Athlete Insurance - Davis, Crash

Insurance Info Card Front/Back

Athlete: Davis, Crash

Company: Blue Cross Blue Shield (Philadelphia pa)

Insure Type: Medical - HMO

Plan: SEcondary coverage

Plan Type: ID #: 852369741

Group #: Payor #: 1

Policy Start: 2/ 1/2021 Policy End: 7/31/2021

Deductible \$:

Policy Holder Information

Name: Jimmy Davis

DOB: 1/ 1/1960 Gender: Male SS#: 145-67-8941

Street: 62 Hartwell Circle

C/S/Z: Sometown PA 16227

Phone: Policy Holder Relation: Child

Employer Name: Keffer Development

Email Address:

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If you are sending an email to BMI, you are required to encrypt the document prior to it being sent.

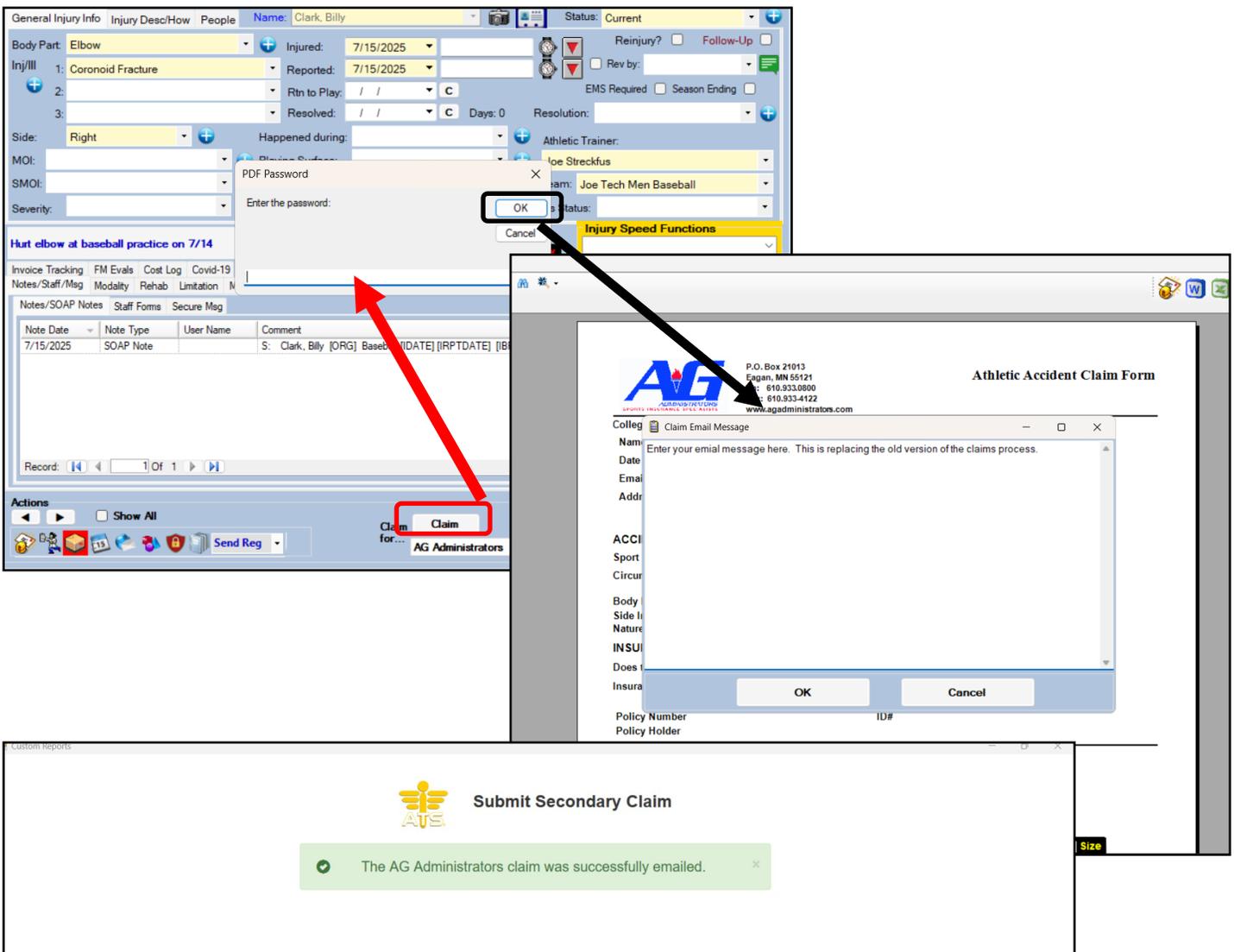
**** Establish a password as a staff/department you will use for ALL of the claims going to AG. Enter that password each time you send an email. You also will need to provide it to AG so they can open.**

****DO NOT INCLUDE PASSWORDS IN THE EMAIL BODY****

ATS WILL NOT and DOES NOT STORE THE PASSWORD USED TO ENCRYPT

Desktop Submissions:

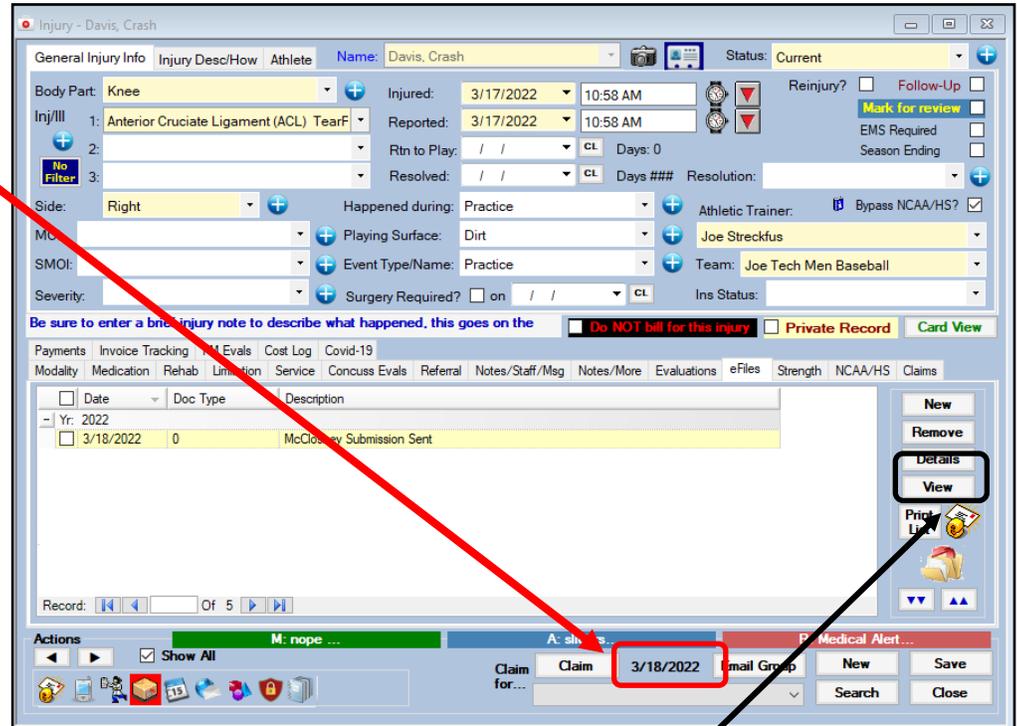
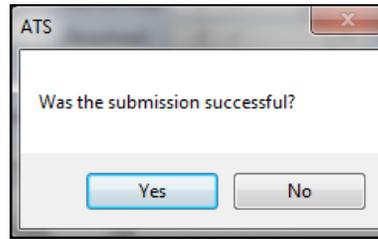
To submit a claim, select “Bob McCloskey” from the “Claim For” list, then click the “Claim” button. Clicking this button sends an email to Bob McCloskey and adds a electronic document to the injury information.



The screenshot illustrates the software interface for submitting a claim. The main window shows injury details for 'Clark, Billy' with a 'Claim' button highlighted in red. A 'PDF Password' dialog box is open, and an 'Athletic Accident Claim Form' window is also visible. A red arrow points from the 'Claim' button to the 'Athletic Accident Claim Form' window. Below the main window, a 'Submit Secondary Claim' window shows a green success message: 'The AG Administrators claim was successfully emailed.'

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After the submission the processes you will see the screen shown. Answering “Yes” updates the submitted date to when the claim was processed in ATS.



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.

Note
Full-size example on next page

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Bob McCloskey Claim Form

1,020



ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

POLICYHOLDER

School/Organization: Joe Tech
Mailing Address: 24 Village Park Drive Grove City PA 16127
Injured Person's Name: Davis, Crash **Birth Date:** 01/14/1998 **Gender:** PND
Date of Injury: 03/17/2022 **Sport:** Joe Tech Men Baseball **Body Part Injured:** Knee
Time of Injury: 10:58 AM **Type of Injury:** Anterior Cruciate Ligament (ACL) Tear/Partial Or Complete
Side: Right

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

INJURED PERSON'S INFORMATION

Injured Person's SS#: 112345678
Additional Address: 62 Hartwell Circle Sometown PA 16227
Is the injured Person Employed: Employed
Is the injured Person Married: Single

PARENT/GUARDIAN INFORMATION

Name	Phone	Relationship	Employed?	Notes
annie		girl friend	Yes	

INSURED INFORMATION

Policy Holder: Jimmy Davis **Employer:** Keffer Development
Relationship: Child
Address: 62 Hartwell Circle Gove City PA 16127
Insurance Company Name: Blue Cross Blue Shield
Policy Number: ID# 852369741

Policy Holder: Joe Streckfus **Employer:**
Relationship: Self
Address:
Insurance Company Name: abc insurance
Policy Number: 123456 ID# abodefg

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess, including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such

Claimant or Authorized Person's Signature

Date 03/18/2022

McCloskey_Submit.rpt
03/18/2022