ATS— Commercial Travelers Insurance Interface

The interface with Commercial Travelers 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.

Admin	Windows	Help
💑 Site	Info	
🦛 A.d.d	/Undate Tear	ne & Organizations

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. To get the email address for Commercial Travelers, you need to claims handler where the claim should be sent.

🚺 Site Info - Joe Teo	ch												
Primary Modules	Security	Tab Order	Opt(1) C	Opt(2) Opt(3)	Swipe C	ard Billing	Claims/EDI	Pre-Login	Kiosk	Custom	Inventory		
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					Save		Close						

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.

Admin Windows Help]
🚜 Site Info		
🧞 🛛 Add/Update Teams & Organizations	•	
🛄 Users	Add a User	
🗯 Maintenance	Search UsersActive Only	
😳 Dashboard Statistics	Search All Users (Active & Inactive)	
(1) Athlete Security	Multi User Update	
Drug Testing	My User	
Athlata Utilitias	Copy User	
😫 User		
Information	Securiy	
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(First Last) Administrator Athletic Tra		✓ Allowed to Submit/Print Claims Group Emails Allowed
Coach Doctor/Phy		ng V Allow Report Exporting
Student Strength/Co	ndition User can See All In	njuries on the Athlete Details Screen

Also while in the user profile, ensure that there is a signature assigned for the user. The users signature will be automatically placed on the claim form. You can generate an automated signature or upload your own from an image file.



Insurance Specific Information:

In addition to the insurance information, as well as the policy holder information being completed, please indicate on the emergency contact screen the employed status and employer.

Name							
	# Relation	Text Number	Employed	Employer Name	/		Emergency
Email		Work Phone		Employer Address	/		Remove
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annie	1 girl friend			Keffer Development			📩 📩 🕂
oe@kefferdevelop				24 Village Partk Drive			
	123456789	crash		Grove City	OH	44087	Copy From
				888-328-2577			From
	Athlete Insurance - Davis, Insurance Info Card Front/Ba						
	Athlete: Davis, Crash		-	Policy Holder Information	on Copy Athlete	Info Self Insured	
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				Name: Jimmy		avis	
	Company: Blue Cross Blue	ue Shield (Philadelphia pa)	• Ins 🚭		Di	avis (Last)	
	Company: Blue Cross Blu Insure Type: Medical - HMC		• Ins 🕤		st) (MI)	avis	
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Prior to submitting a claim, you will need to create the injury, complete the Injury Desc/How box on the injury screen, and complete any modalities, or rehabs done.

Complete the injury screen, and add your notes as normal. Be sure to also keep track of all modalities, rehab activity and enter your notes, the Wellfleet claim will generate totals on the claim.

Injury - I	Davis, Crasł	1																
General I	Injury Info	Injury	Desc/How	Athlete	N	ame:	Davis, Crash	1			- 6		St	atus: (Current			•
	rt: Hip/Gro				•	•	Injured:	3/28/20							Reinju	· _	Follow-U k for review	
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Add the Injury Description/how note.

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

Claim	Claim	3/28/2022	Email Gro	que
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	Encrypt the PDF docu in the athlete's file.	ument for submission? N	lote: This file will not b	e encrypte

V

Do NOT bill for this injury Private Record Card View

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.

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

ATS— Commercial Travelers Insurance Interface

a laine. Dania C

	Injury - Davis, Crash	
	General Injury Info Injury Desc/How Athlete Name: Davis, Crash 🐨 🗊 📰 Status: Current	- 6
	Body Part: Hip/Groin 🔹 🔁 Injured: 3/28/2022 💌 🚳 🔽 Reinjurg	
ATS	Body Part: Hip/Groin Injured: 3/28/2022 Reinjur Inj/III 1: Hip Impingement Reported: 3/28/2022 Impired: <	Mark for review EMS Required
		Season Ending
Was the submission successful?	No Filter 3: Resolved: I CL Days ### Resolution:	- 🕀
was the submission succession	Side: Right 🔹 🔂 Happened during: 💌 🐨 Athletic Trainer: U	🚯 Bypass NCAA/HS? 🗹
	MOI: 🔹 🕂 Playing Surface: 🔹 🛨 Joe Streckfus	-
Yes No	SMOI: 🔹 😜 Event Type/Name: 🔹 🖶 Team: Joe Tech Men	Baseball 🔹
	Severity: 💽 🕒 Surgery Required? 🗌 on 🔢 🗸 🔽 Ins Status:	•
11	Do NOT bill for this injury: Private	Record Card View
	Payments Invoice Tracking FM Evals Cost Log Covid-19	
fter the submission the	Modality Medication Rehab Limitation Service Concuss Evals Referral Notes/Staff/Msg Notes/More Evaluations eFiles Strength	
	Date v Injury Modalities Time Note(s)	Modalities

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

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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.

General Inj	un lafo	Injury Desc/How	Athlete	Name	Davis, Crasł	ı		- 6		Status	Current		
Body Part:	Hip/Gro	bin		• 🕀	Injured:	3/28/2022	•			🖏 🔽	Reinjury?		ollow-U
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Dat Yr: 202 3/2		0	Comme	ercial Trav	elers Sent								Detail View Print List

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

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ATS— Commercial Travelers Insurance Interface

Plan Administered by:
COMMERCIAL TRAVELERS
70 GENESEE STREET Student Accident Report UTICA, NEW YORK 13502
For Toll-free Policyholder Service1-800-756-3702 * Utica area 315-797-5200
Underwritten by: NATIONAL GUARDIAN LIFE INSURANCE COMPANY
School Report:
Name of College or University: Joe Tech
Name of Student: Davis, Crash Gender: PND
College Address : 62 Hartwell Circle Sometown, PA 16227
Home Address: 24 Village Park Drive Grove City PA 16127
Date of Birth: 01/14/1998 Email Address: joe@kefferdevelopment.com
Cell Phone No: +34 655978569 Student's SS#: 112345678 Student's ID No: 74741
Circumstance: Accident Date: 03/28/2022
Nature of - Details of What Happened: Be sure to enter a brief injury note to describe what happened, this goes on the injury claim.
Body Part Injured: Hip/Groin Left/Right: Right Type of Injury: Hip Impingement
Name of Sport: Joe Tech Men Baseball
Name of School Official or Coach Supervising activity: Joe Streckfus
Does the claimant have primary insurance? Yes
Insurance Company Name & Address Blue Cross Blue Shield
Philadelphia pa 74125
Policy Number ID# 852369741
I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information is complete and correct as given herein .
Any person who includes any false or misleading information on an application or statement of claim for an insurance
policy is subject to criminal and civil penalties.
for S
Signature of College Official/Title Date Signed: 03/28/2022
Date Signed. 03/20/2022
TREATMENTS
Modalities: 17 Rehabs: 16 Notes: