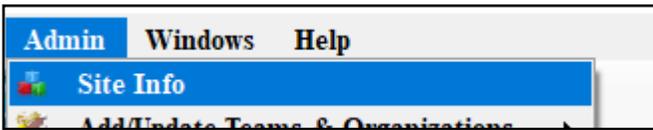


# ATS— Bob McCloskey Insurance Interface

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 in the BMI box.

**The address will be supplied from the claims examiner at Bob McCloskey.**

Be sure that claims are enabled for your database.

A screenshot of the 'Site Info - Joe Tech' configuration window, specifically the 'Claims/EDI' tab. The window has a menu bar with 'Primary', 'Modules', 'Security', 'Tab Order', 'Opt(1)', 'Opt(2)', 'Opt(3)', 'Swipe Card', 'Billing', 'Claims/EDI', 'Pre-Login', 'Kiosk', 'Custom', and 'Inventory'. The 'Claims/EDI' tab is active. A checkbox labeled 'Enable Claim Submissions' is checked and highlighted with a black box. Below this, there are several input fields for email addresses, each with a dropdown arrow and a red refresh icon. The 'AG Administrators' field contains 'joe@kefferdevelopment.com'. The 'Bob McCloskey' field is highlighted with a red box and has a black arrow pointing to it from the text above. Other fields include 'First Agency', 'NAHGA', 'Commercial Travelers', 'Wellfleet Email(s)', and 'Student Assurance Services', all containing the same email address. There are also fields for 'Host Name', 'Tgt Folder', 'User', 'Port', and 'Partner Code'. A 'Standard EDI' button and a 'Clear EDI' button are on the right. A note at the bottom states: 'Please make sure to do a test EDI submission and confirm that it was received before beginning "live" submissions.' At the very bottom, there is a yellow banner with the text: 'If using multiple email addresses they must be separated by a semi-colon'. 'Save' and 'Close' buttons are at the bottom center.

# ATS— Bob McCloskey Insurance 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.

The screenshot shows the 'Admin' menu with 'Users' selected, listing options like 'Add a User...', 'Search Users...Active Only', and 'Multi User Update'. Below, the 'User' profile for 'Greg AT' is shown. The 'Security' section has the 'Modules' tab selected, with a checkbox for 'Allowed to Submit/Print Claims' checked and highlighted by a red box.

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.

The 'Email Signature' tab is active, showing fields for 'Phone', 'Cell', 'Location', and 'Region'. Below these is a 'Signature' section with a red box around the 'Generate', 'Upload', and 'Clear' buttons. A handwritten signature is visible in the signature area.

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.

# ATS— Bob McCloskey Insurance Interface

## 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. You can also make this required info when they are registering on the athlete portal.

Athlete - Davis, Crash

Archived

Name: Crash (First) Davis (Last)

Nickname: Pronouns:

Phone: Year: Senior

Gender: prefer not to disclose DOB: 1/14/1998

Email: joe@kefferdevelopment.com

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

Status: Active, Active

Position/Dis: As Of

CT: 10/4/2021

Records: 1 Of 2

Mark for review  Pwk Comp  Cog Concuss Complete

Card View

Injury Medication Concuss Evals Medical History General Insurance Emergency eFiles/Docs/Dates Additional Info Notes/Staff/Msg Strength

No Primary Insurance  Do NOT bill for this athlete

Company	Type	Pay #	ID No	Group No	Insurance Phone	PCP	PCP Phon
Policy Holder First Name	P...	Policy Holder Last Name	Policy Holder DOB	Policy Holder SSN	Policy Holder Relationship	Policy Sta	
Blue Cross Blue Shield (Philadelp...	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 (Philadelp...	Medical - HMO	99	8523...				
Secondary	Insurance					2/1/2021	

Record: 1 Of 3

Kosk: 2/11/2022 3:25 PM Portal: 3/2/2022 10:43 AM

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

+Athlete Save Remove Search Close

Student ID number: 74741

Athlete Insurance - Davis, Crash

Insurance Info Card Front/Back

Athlete: Davis, Crash

Company: Blue Cross Blue Shield (Philadelphia pa) Ins

Insure Type: Medical - HMO Phone:

Plan: SEcondary coverage

Plan Type: Copay:

ID #: 852369741  Referral Required

Group #:  Pre-Cert Required

Payor #: 1  Disable for Billing

Policy Start: 2/ 1/2021 CL Create Date: 2/ 2/2021

Policy End: 7/31/2021 CL

Deductible \$: or

Policy Holder Information Copy Athlete Info Self Insured

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  Signature on file

Employer Name: Keffer Development

Email Address:

PCP Info

# ATS— Bob McCloskey Insurance Interface

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.

**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.**

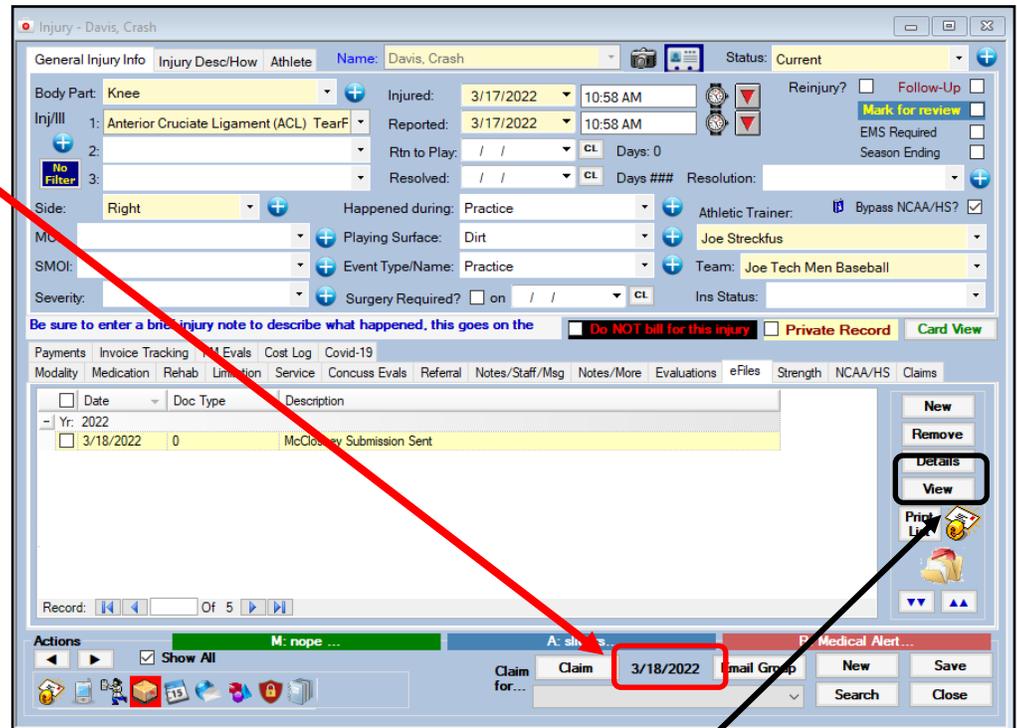
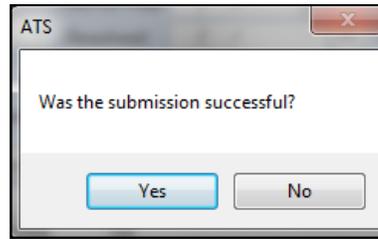
After clicking yes or no; if you are using MS-Outlook your claim will be attached to an email (#1 below). If you are not using MS-Outlook the ATS email screen will be use (#2 below)

#1

#2

# ATS— Bob McCloskey Insurance Interface

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

# ATS— Bob McCloskey Insurance Interface

## 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

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**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