

summit

Participant User Experiences:

The following guide provides step-by-step instructions on how to enter an online claim in Summit.

Step 1: Log in to your Summit account.

Step 2: From the Home page, click the **Transactions** heading and select **Transactions** from the drop-down menu. (Figure 1)

Step 3: From the Transactions page, click the green **Add Transaction** button (Figure 2).

The Add A Transaction pop-up window will display.

Step 4: In the Add A Transaction pop-up window, select Online Claim from the **Transaction Type** drop-down menu. (See Figure 3)

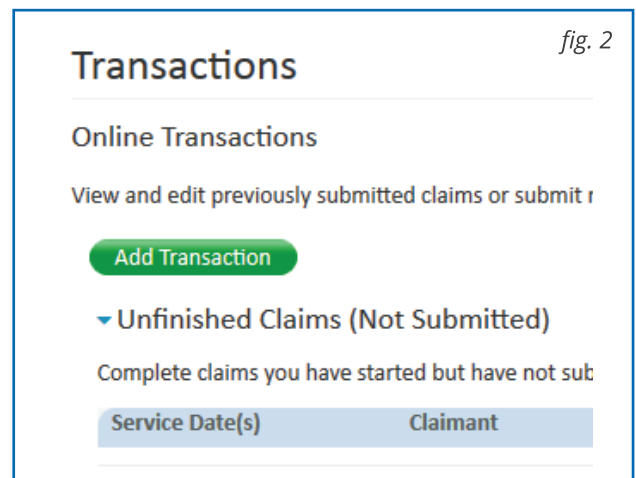
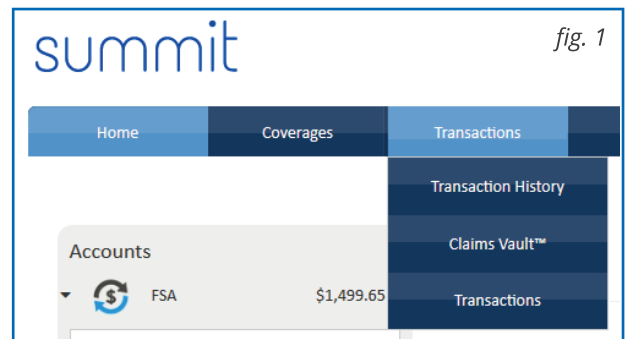
Additional claims fields will display.

Step 5: Upload Receipt/EOB using the green Select files button.

Step 6: Select payment type (Pay Me or Pay Provider) radio button.

Step 7: Choose Claimant from the drop-down menu.

Step 8: Select the **Start and End dates**. You may enter directly into text box or use the Calendar tool.



Step 9: Enter the **Amount** of the claim.

Step 10: Enter the **Provider** name.

Step 11: Select a **Service Category** and **Service Code** using the drop-down menus.

Step 12: Enter a **Description of Service** in the text box.

Step 13: Select the **Plan** from the drop-down menu.

Step 14: Select a **Reimbursement** type (Direct Deposit or Check) using the radio buttons.

Step 15: Enter **Notes** (if necessary).

Step 16: Select the **“I have read and agree to the Terms and Conditions”** check box.

Step 17: Click **Submit**. (See Figure 4)

Add A Transaction

Enter and submit your claim information below. If you have multiple services on a single receipt or EOB, you can enter the details of a service and click **Add Line Item**. When you are done with that receipt or EOB, click **Submit**.

If you don't have all of the details for your claim, click **Finish Later** to save what you have entered then come back later to finish and submit your claim.

Transaction Type : *Required Information*

Upload Receipt/EOB :

Max Size: 100mb. Supported formats: pdf, bmp, gif, jpg, eps, tif, or png.

Pay Me **Pay Provider**

Claimant:

Start Date: **End Date:**

Amount:

Provider:

Service Category: **Service Code:**

Description of Service:

Plan:

Reimbursement: **Direct Deposit** **Check**

Notes:

I have read and agree to the [Terms and Conditions](#)

fig. 3

I have read and agree to the [Terms and Conditions](#)

fig. 4

Clear Form | Cancel | Finish Later |



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