summit
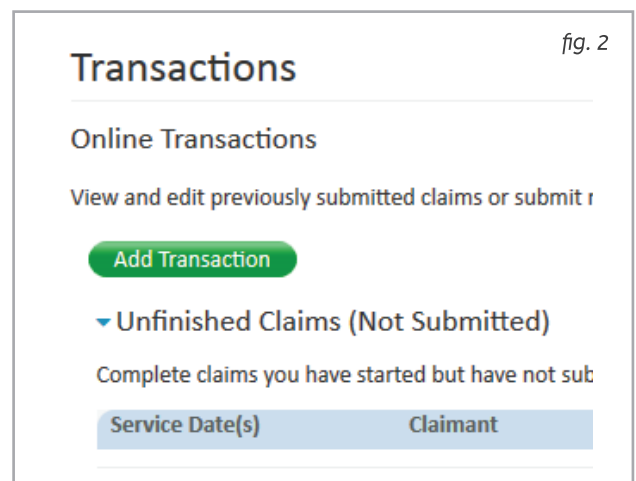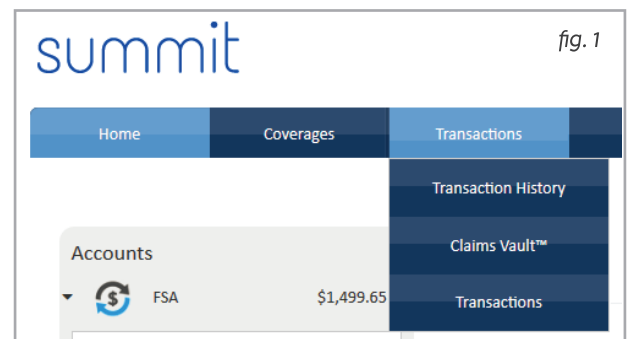
Online Claims Entry Quick Start Guide

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.

fig. 1

fig. 2

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 : [Online Claim]   *Required Information*

Upload Receipt/EOB : [_____] [Select files...]

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

◉ Pay Me   ○ Pay Provider

Claimant: [Blanket Jackson ▾]

Start Date: [_____] 📅   End Date: [_____] 📅

Amount: [_____]

Provider: [_____]

Service Category: [--Select Category-- ▾]   Service Code: [--Select Code-- ▾]

Description of Service: [_____]

Plan: [_____ ▾]

Reimbursement: ○ Direct Deposit   ◉ Check

Notes: [_____]

☐ I have read and agree to the Terms and Conditions

fig. 3

Annual check up   *fig. 4*

☑ I have read and agree to the Terms and Conditions

[Add Line Item]

Clear Form | Cancel | Finish Later | [Submit]