Summit Administration Services, Inc. is the

CLAIMS ADMINISTRATOR for

Medical & Vision Benefits

For Medical and Vision Claims, submit an itemized statement, **no claim form is required.**

The bill or invoice needs to include the following information:

- Employee name / Patient name
- Date of birth
- Your phone number

Submission can be sent through Email, Fax, or Mail.

EMAIL:	**Davina@summit-inc.net**
FAX:	**Attention: Davina Laudero (480) 505-0427**
MAILING ADDRESS:	**Summit, P.O. Box 25160, Scottsdale, AZ 85255-0102**

Eligibility, Benefits and Claim Information can be accessed:

ONLINE:	**www.summit-inc.net**
BY PHONE:	**888-690-2020**