



Summit Administration Services, Inc. is the  
CLAIMS ADMINISTRATOR for  
Medical, Dental, & Vision Benefits

For Medical, Dental, 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:** [Veronica@summit-inc.net](mailto:Veronica@summit-inc.net)

**FAX:** Attention: Veronica Dominguez (480) 505-0416

**MAILING ADDRESS:** Summit, P.O. Box 25160, Scottsdale, AZ 85255-0102

Eligibility, Benefits and Claim Information can be accessed:

**ONLINE:** [www.summit-inc.net](http://www.summit-inc.net)

**BY PHONE:** 888-690-2020