



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