# summit

### **Checking Your** Balance and Transactions

### STEP 1

## Log in to your account to check the **balance of your accounts**, and to **view your debit card transactions**\*.

 a. In the left column, you see the various accounts you have elected to participate in through your employer.

Your available balance is the number listed to the right<sup>1</sup>. *In this example the participant has \$900 available in her FSA account, and \$2,800 available in her HRA account.* Click on the account type, to see how much has been spent so far this plan year, and how much you elected<sup>2</sup>.

b. On the right side of the screen is where you'll find any alerts that you need to know<sup>3</sup>. Examples of the information you would find here are claims denials, or a request for a receipt.

		Aug 01, 2019 ( 2)47		
Home Coverages	Transactions	Cards		
Accounts	Alerts 3			
HRA2 \$2,800.00 Total Account Value: \$3,700.00		2/12/2019 Participant: Lindsay Smith, Card Number: 3798, Transaction: 2/12/2019 Lindsay Smith 45 Smith St		
		Little RRock, AR 72205 Reimbursement Claim, Claim ID: 456		
ccounts		Your claim was received by our office for the amount of \$200.00 for services: . The amount of your claim was denied for the reason(s) stated below. If you have any questions, please contact us at . (You have the right to request any documentation relevant to your claim.)		
5 FSA \$900.00		Though we acknowledge receipt of your claim requesting reimbursement, your claim cannot be processed due to the following reason(s):		
Transactions Paid \$600.00		If you disagree with this denial, you can file a written appeal with us at the following address:		
Annual Election \$1,500.00	Feb 12, 2019	A new Card Group 44 New St Little Rock, AR 72205		
Start/Effective End Grace Run-Out Jan1 Dec31 Dec31 Dec31		You must submit an appeal no later than 45 days after receipt of this denia notce. Submit all information identified in the denial notce as necessary to compiler your claim and any additional information that you believe would support your claim. You will receive a written answer no later than 80 days after we receive the appeal.		
2019 2019 2019 2019		If the appeal is denied, you can file a second written appeal with your plan Administrator at the following address:		
S HRA2 \$2,800.00		0 A New David Devint 34 Main St. Little Rock, AR 72205		
Total Account Value: \$3,700.00		You must submit a second appeal no later than 45 days after you receive the notice denying the appeal. You should receive a written answer no late than 30 days after the plan Administrator receives the second appeal.		
		2/12/2019		
		Participant: Lindsay Smith, Card Number: 3798, Transaction: 2/12/2019 Undsay Smith 45 Smith St Little RROEK, AR 72205		
		Reimbursement Claim, Claim ID: 456		

\* Your home page and accounts may look different from what you see here, but the information will be in the same places.

#### **STEP 2**

Below the alerts, you will find **Recent Transactions** and **Pending/Unpaid Transactions**. *Click View All to see a* **Transaction History**.

Service Date(s)	Description	Type	Amount	Actions
01/01/2019	Blonde Doctor	Manual Claim	\$350.00	View Details
02/12/2019	mr mister	Debit Card	\$100.00	View Details
02/12/2019	mr mister	Debit Card	\$100.00	View Details
02/12/2019	mr mister	Debit Card	\$150.00	View Details
02/12/2019	mr mister	Debit Card	\$150.00	View Details
ending/Unpa	aid Transactions	5		VIEW
	aid Transactions	Туре	Amount	Actions
ending/Unpa			Amount \$100.00	
ending/Unpa Service Date(s)	Description	Туре	\$100.00	
ending/Unpa Service Date(s) 02/12/2019	Description mr mister	Type Debit Card	\$100.00 \$50.00	View Details   Add Receipt

a. At the top, you see Transactions **Requiring Attention**. This person needs to upload a receipt for a claim. They would just click **upload receipt**<sup>4</sup> to **attach** a scan or photo of the receipt to the claim<sup>5</sup>.

Claim Details				
Claimant: Lindsay Smith	Transaction Type:		Provider:	Da
Service Start: 2/12/2019	Service End :	2/12/2019	Approved Amount:	\$100.00
Denied Amount: \$0.00	Total Claim Amount:	\$150.00	Claim Status: A	lequest
Claim#: 457	Entered Date:	2/12/2019		and Transaction
Review Status: Pending	Reviewed Date:		Reviewed By:	
Claim Received Date: 02/12/2019	Service Category:		Service Description:	
Receipt Details				
Upload Receipt/EOB :		Browse	•	
Max Size: 100	0mb. Supported formats: pdf,	bmp, gif, jpg, eps, tif,	or png.	

- b. Below Transactions Requiring Attention is the history of Recent Transactions, or any activity that affects the balance of your accounts. Such as:
  - Card transactions
  - Reimbursements
  - Manual claims that have been submitted

Here, you can see which benefit plan the transac affects, the service date, a description, the type of transaction, claimant, amount, reimbursemer method, and transaction status. Click the word u transaction type to view even more details of e transaction<sup>6</sup>.

c. If you need to find a specific transaction, just **click the Show button** by transaction search<sup>7</sup>, and you can search for a transaction by check or claim number, or by any of the options listed here<sup>8</sup>.

You can also go directly to the transaction history page from the blue navigation bar at the top of your screen<sup>9</sup>.

If you have further questions, please contact your benefits representative.



Home	Coverages 9	Transactions	Cards				
Transaction	History		Transactions	c	aims Vault**	Transa	action History
Transaction Searc	h						Show
Transactions Requ	uiring Attention						
Service Date(s)	Description	Туре	Claimant	Original Amount	Processed Amount	Status	Action Required
02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$150.00	\$100.00	Receipt Overdue	Upload Receipt
02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$150.00	\$50.00	Receipt Overdue	Upload Receipt
02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$100.00	\$50.00	Receipt Overdue	Upload Receipt
02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$100.00	\$50.00	Receipt Overdue	Upload Receipt
Recent Transactio	ns						Hide
Add/View Online Clair	ms						

Recent Tra	ansactions							Hide
Add/View O	nline Claims							
Plan	Service Date(s)	Description	Туре	Claimant	Original Amount	Processed Amount	Reimbursement Method	Status
FS.A	01/01/2019 01/01/2019	Blonde Doctor	Manual Daim	6 Isay Smith	\$350.00	\$350.00	Check	Approve
HRA	02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$100.00	\$100.00	Debit Card	Receipt Overdue
FSA	02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$100.00	\$100.00	Debit Card	Receipt Overdue
HRA	02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$150.00	\$150.00	Debit Card	Receipt Overdue
FSA	02/12/2019 02/12/2019	mr mister	Debit Card	Lindsay Smith	\$150.00	\$150.00	Debit Card	Receipt Overdue
actic	2 • H		Transaction Details Reputed Reson Climite: Ladway Swith Provide: Bionia Busis Clam Striks: Approve Reinbursement Details Reinbursement Details Reinbursement Details	Approved A Claim 5 Service Code Descry NOR	to Sart: 1/1/2009 Innount: 5354.00 Number: 552 phon: Office Viet	Renburgenert		
ent <b>d und</b>	der		Type Commun Plan Details	ication Date Communic	ation Type Comm	nation Method	E-mail Address Re	sered Darke
each			Plan Type : PSA Plan Stert : 1/1/2019 Run-out Date : 12/31/2019	PSA Plan ID Plan End			oription : PSA. e Period : NOA.	

