



## Participant Portal Navigation

awm.summitfor.me

#### Home Page



Account Balance is displayed on the left as Total Account Value.

Recent Transactions are displayed on the bottom right.

To manage FSA debit cards, choose Cards from the menu.

To activate your card, click on the blue Activate link.

Cards	Coverages	Transactions	Caros		
Participant					
	Card Number: X Effective Date: 0 Expiration Date: 0 Status: Is Activate	XXX-XXXX-XXXX-5424 4/14/2021 7/31/2024 sued	Mailed Date Mailed To Shipping Method Tracking Number	: 10/03/2019 : Participant Address : StandardUSPS : N/A	
		IIAS Enable	ed 😰 Acceptable	Merchant Categories	
FSA(Medical Flexi	ible Spending Account)	Total Healt Amour	thcare nt	View	
Previous Cards					
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Home	Coverages	Transactions	Cards							- 1
Cards										
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			IIAS Enabled 😰	Acceptable 1	Merchan	t Categor	ies			
FSA(Medical Flexib	ole Spending Account)		Total Healthcare Amount		View					
Previous Cards										
Dependents								Show		
										-

To report your card as lost or stolen, click on the green Report as lost or stolen link.

To manage dependent cards, select Show to the right of Dependents. This will list all dependents and cards and will allow you to activate, reissue, or request a card to be issued.

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		_				
Home	Coverages Tran	sactions	Cards			
Cards						
Participant						
7	Card Number: XXXX-	0XXX-XXXX-5424	Ma	iled Date: 10/03/2	2019	
	Effective Date: 04/14/	2021	Shianing	Vailed To: Participa	ant Address	
summit	Status: Active	2024	Tracking	z Number: N/A	rdUSPS	
	Report as lost or stolen		Reques	t PIN 🔞		
Linked Plans 🕡						
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FSA(Medical Fle	exible Spending Account)	Total Healt Amour	hcare ht	View		
Previous Cards						
Dependents						Hide
Name	Card Number	Mailed Date	Expiration Date	Status	Actions	
Brianna Hamer	XXXX-XXXX-XXXX-1546	Pending	05/31/2023	Lost/Stolen		
Brianna Hamer	XXXX-XXXX-XXXX-2209	Pending	10/31/2023	Issued	Activate 🔺	
Corben Hamer					Issue Card	
Jerrod McRae	XXXX-XXXX-XXXX-9169	Pending	02/28/2023	Active	Lost/Stolen   Requ	est PIN

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$\rightarrow$ G	🛆 🔒 awm.s	summitfor.me/Card/	Account		07	२ 🕁 🖗	2 🛃 🌸	
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H	lome (	Coverages	ansactions	Cards				
Ca	rds	Tra	nsaction History					
Part	ticipant		Claims Vault™					
3	Ummile	Card Numb Effective Date: 047 Expiration Date: 07/3 Status: Acti Report as lost or stolen	Transactions 7, 2021 1/2024 /e	Ma I Shipping Tracking Reques	iled Date: 10/03/2 Vailed To: Participa g Method: Standar ; Number: N/A t PIN @	019 int Address dUSPS		
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			IIAS En:	abled 😥 🛛 Ac	ceptable Merchant	t Categories		
	FSA(Medical Flexible	Spending Account)	Total H Am	ealthcare nount	View			
•	Previous Cards							
Dep	endents						Hide	
	Name	Card Number	Mailed Date	Expiration Date	Status	Actions		
Bria	anna Hamer	XXXX-XXXX-XXXX-154	5 Pending	05/31/2023	Lost/Stolen			
	anna Hamer	XXXX-XXXX-XXXX-220	9 Pending	10/31/2023	Issued	Activate 🛕		
Bria						Issue Card		
Corl	ben Hamer							

To view Transactions, select Transactions from the menu bar.

Transaction History will show all transactions on the account and any outstanding items requiring attention.

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Home	Coverag	es 1	fransactions	Cards				
Transa	ction Histor	У		Transactions	CI	aims Vault™	Trar	nsaction History
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CDH Trans	actions Requiring	Attention						
Service D	ate(s) Descripti	on Ty	pe	Claimant	Original Amount	Processed Amount	Status	Action Required
CDH Trans	actions							Hide
Add/View O Plan	nline Claims Service Date(s)	Description	Туре	Claimant	Original Amount	Processed Amount	Payment Method	Status
FSA	04/01/2020 04/01/2020		Manual Claim	Stephanie Hamer	\$50.00	\$50.00	ACH	Approve
	08/01/2020		Manual Claim	Stephanie Hamer	\$35.00	\$35.00	None	Approve
FSA	08/01/2020							Auto
FSA FSA	08/01/2020 08/15/2020 08/15/2020	WALGREENS #7791	Debit Card	Stephanie Hamer	\$32.43	\$32.43	Debit Card	substantiated
FSA FSA FSA	08/01/2020 08/15/2020 08/15/2020 07/28/2020 07/28/2020	WALGREENS #7791 VITACARE RX	Debit Card Debit Card	Stephanie Hamer Stephanie Hamer	\$32.43	\$32.43	Debit Card	Auto Auto substantiated
FSA FSA FSA FSA	08/01/2020 08/15/2020 08/15/2020 07/28/2020 07/28/2020 07/14/2020 07/14/2020	WALGREENS #7791 VITACARE RX WALGREENS #7791	Debit Card Debit Card Debit Card	Stephanie Hamer Stephanie Hamer Stephanie Hamer	\$32.43 \$50.00 \$10.29	\$32.43 \$50.00 \$10.29	Debit Card Debit Card Debit Card	Auto substantiated Auto substantiated Auto substantiated
FSA FSA FSA FSA	08/01/2020 08/15/2020 08/15/2020 07/28/2020 07/28/2020 07/14/2020 07/14/2020 1 2 3 4 5 6	WALGREENS #7791 VITACARE RX WALGREENS #7791 7 8 9 10	Debit Card Debit Card Debit Card Debit Card	Stephanie Hamer Stephanie Hamer Stephanie Hamer	\$32.43 \$50.00 \$10.29	\$32.43 \$50.00 \$10.29	Debit Card Debit Card Debit Card	Auto substantiated Auto substantiated Auto substantiated

The Claims Vault will allow	you to retain all rece	eipts if needed for	future reference.
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Home Cov	verages Transactions	Cards			
Claims Vault™		Transaction History	Claims Vault™	Transactions	
Store receipts that can be conv	erted to claims or included on IRS rep	porting by clicking the Add Transaction b	utton.		
Add Transaction Start Date End Date	Provider/Merchant	Description	Claim Amount	Actions	
There are no records to dis	play.				
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Transactions will allow you to add transactions.

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view and edit previo	usly submitted claim	s, submit new claims or	make a premium	payment by clicking	; Add Transaction.		
Add Transaction							
<ul> <li>Unfinished C</li> </ul>	laims (Not Subn	nitted)					
Complete claims y	ou have started but	have not submitted by c	licking Edit Details	or Add Receipt.			
Service Date(s)	Claima	nt	Amount	Provider/Merch	ant Paymer	nt Method	
There are no re	ecords to display.						
- Submitted Cl	aims (Unpaid)						
Claim Number	Service Date(s	) Claimant		Amount	Provider/Me	erchant P	ayment Method
34	10/01/2019	Stephanie H	lamer	\$50.00		0	Check
180255	10/01/2019	Stephanie H	lamer Iamer	\$250.00		C	lone
211673	04/01/2020	Stephanie H	lamer	\$50.00		A	АСН
<ul> <li>Processed Cl</li> <li>View the details or</li> </ul>	aims (Paid) f claims you have alm	eady processed, includir	ng reimbursement	or denial details, b	y clicking View De	tails.	
Claim Number	Service Date(s)	Claimant	Amount	Provider P	Payment Method	Check Numb	ber
93933	05/04/2020	Stephanie Hamer	\$195.75		асн асн		View Details
70110					H1.0		
72113 58034	03/02/2020	Stephanie Hamer	\$34.58		ACH		View Details



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Home	Coverages	Transactions	Cards						
Accounts AWM FSA Transactions Paid Annual Election Start/Effective Enc Jan1 Der 2021 2	\$2,750.00 \$0.00 \$2,750.00 d Grace Run-Out c31 Dec31 May30 021 2021 2022	Constraints	A store* selection of gu e products, zer FSA Store	aranteed o guesswork.	⊕g [\$]				
Total Acco	ount Value: \$2,750.00	There are no ale	rts at this time. Download ir app and go mobile!	Shop thousan of ways to save your health C FSA store		Eligible/Nor Expenses	n-Eligible		
		Service Date(s)	Description	Туре	Amount	Actions			
		04/01/2020		Manual Claim	\$50.00	View Details			
		08/01/2020		Manual Claim	\$35.00	View Details			
		08/15/2020	WALGREENS #7791	Debit Card	\$32.43	View Details			
		07/28/2020	VITACARE RX	Debit Card	\$50.00	View Details			
		07/14/2020	WALGREENS	Debit Card	\$10.29	View Details			

To make personal information changes, choose the drop-down option beside your login name.

Through the User Account option, you have the below options:

- Manager User Password and email
- Update address and phone numbers
- Update dependents
- Update banking information

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Home	Coverages 1	fransactions	Cards			
User Account Hi Stephanie, please verify	the information we have	for you and make a	ny updates that are necess	ary.		
	First Name: Step	ohanie		Home:		
	Middle Name:			Work:		
Change Photo	Last Name: Han	ner		Mobile:		
Image should be 100px by 100px and saved as a .gif, .jpg or .png	User ID : srh@	@awm.cc		Pass Phrase:	Marie123	
	Edit F	assword		Email:	srh@awm.cc	
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			Answe	r: ••••••		۲
			Security Question 2	2: What was the nam	ne of your first school	? 🗸 Edit
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	McRae	Jerrod		Other	1	
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					Save Or Cancel	-

To make changes or view, choose Show to the far right of each option.



# **Online Claims Entry**

awm.summitfor.me

Choose Transactions in the Participant portal.



### Select Add Transaction

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Home	Coverages	Transactions		Cards			
Transactior	15		Tra	nsaction History	Claims Vault™	Transacti	ions
Online Transacti	ions						
View and edit previo	usly submitted clai	ms, submit new claims or	make a premium	payment by clickin	g Add Transaction.		
Add Transaction							
<ul> <li>Unfinished 0</li> </ul>	laims (Not Sub	omitted)					
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There are no r Submitted C Claim Number	ecords to display. laims (Unpaid) Service Date	(s) Claimant		Amount	Provider/Me	rchant Payme	nt Method
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There are no r Submitted C Claim Number 34 35	ecords to display. laims (Unpaid) Service Date 10/01/2019 10/01/2019	(s) Claimant Stephanie H Stephanie H	amer	Amount \$50.00 \$250.00	Provider/Met	rchant Payme Check Check	nt Method
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#### Select Transaction Type – Online Claim



3

### Upload receipts using "Upload a File" Selection

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srh@awm.cc 🔍 - Support Docu	iments	XLogo	ut ^
	×	_	
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.	I		
If you don't have all of the details for your claim, click <b>Finish Later</b> to save what you have entered then come back Onlin later to finish and submit your claim.	l		
View a Transaction Type : Online Claim 🗸 Required Information	7		
Ac Upload Receipt/EOB : Upload A File Max Size: 100mb. Supported formats: pdf, bmp, gif, jpg, eps, tif, or png.			
<b>~</b> ∪			
Con  Pay Me Pay Provider			
Se Claimant: Stephanie Hamer 🗸	11		
Start Date: End Date:			
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Service Category:Select Category V Service Code:Select Code V		od	
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### Once the receipts are uploaded, complete all required fields in red

Select the agreement, then select Add Line Item

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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.	I		
Trai If you don't have all of the details for your claim, click Finish Later to save what you have entered then come back Onlin later to finish and submit your claim.	I		
View a Transaction Type : Online Claim 🗸	n		
Ar Upload Receipt/EOB : Upload A File Max Size: 100mb. Supported formats: pdf, bmp, gif, jpg, eps, tif, or png.			
ΨU			
Con  Pay Me Pay Provider Claimant: Stephanie Hamer			
Start Date: 04/01/2020 04/01/2020 04/01/2020			
Amount: \$50.00			
Provider:			
Service Category: Medical V Service Code: Office Visit V		_	
Description of Service: Office Visit		DO	
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72 Add Line Item		Details	
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### Repeat the process if there are multiple claims

When complete, Select Submit at the bottom right

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9:     04/01/2020     Stephanie Hamer     \$50.00     Direct Deposit     X		Details Details	
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Claimant: Stephanie Hamer				
Ac Start Date.				
Claim Confirmation ×				
Descript 🙃				
Claim Number :211673 Claim Amount :\$50.00				
Re Service Start Date :04/01/2020 Service End Date :04/01/2020				
Notes:			-	
34			od	
35				
18 I have read and agree to the Terms and Conditions				
Add Line Item				
Line Item Claims View				
9			Details Details	
52 Clear Form   Cancel   Finish Later Submit			Details	
38 38×75 (17/11/2/02) Stephanic Hamer SU(1) (18-14 - 2		-	Details Details	
		STOW L		-

A Claim Confirmation will appear on the screen when the process is complete

\*\*Please note as your service provider, AWM is responsible for handling all of these administrative functions and can do so by a claim form reimbursement request being sent to <u>support@awm.cc</u>. These options are made available by request.\*\*