## Submit your FSA claims online

1. Log on to tristar.summitfor.me



2. Click on

located in the middle of the screen

3. Click on "Add Transaction"

Home	Coverages	Transaction	is Ca	irds			
ransactior	15		Trans	action History	Claims Vault™	Trans	actions
nline Transact	ions						
ew and edit previo	ously submitted cla	ims or submit new claim:	s. Submit a new clain	by clicking Add	Transaction.		
Add Transaction							
The management							
<ul> <li>Unfinished (</li> </ul>	Claims (Not Sub	omitted)					
Complete claims	you have started bi	ut have not submitted by	clicking Edit Details	or Add Receipt.			
Service Date(s)	Clair	nant	Amount	Provider/Merc	hant Paymen	t Method	
There are no r	records to display.						
- Submitted C	laims (Unpaid)						
Claim Number	Service Date	(s) Claimant		Amount	Provider/Me	erchant Pa	ryment Method
There are no r	records to display.						
There are no r	records to display. laims (Paid)						
There are no r Processed C View the details o	records to display. laims (Paid) of claims you have a	already processed, includ	ing reimbursement o	vr denial details, t	ay clicking View Det	ails.	
There are no r Processed C View the details o Claim Number	records to display. Jaims (Paid) of claims you have a Service Date(s)	already processed, includ Claimant	ing reimbursement o Amount	r denial details, t Provider	by clicking View Det Payment Method	ails. Check Numb	er

## 4. Select Transaction Type "Online Claim".

## 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**.

If you don't have all of the details for your claim, click **Finish Later** to save what you have entered then come back later to finish and submit your claim.

Transaction Type	Online Claim	~		Required Information
Upload Receipt/EOB	: Upload A File	Max Size: 100mb. Su	pported formats: pdf, bmp, gif, j	pg, eps, tif, or png.
	Pay Me	O Pay Provider		
Claimant:	Test Person	~		
Start Date:	Ē	End Date:		
Amount:				
Provider:				
Service Category:	Select Category 🗸	Service Code:	Select Code 🗸 🗸	
Description of Service:				
Plan:		~		
Reimbursement:	Direct Deposit	Check		
Notes:				
			17	
	I have	read and agree to the Ter	ms and Conditions	
	Add Line Item			
Line Item Claims				
			Clear Form   Cancel   Finish I	ater Submit
			and a sum how we have a	ouonne

- 5. Choosing Online claim allows you to upload the receipt in the form a pdf document, bump, gif, jpg, eps, tif or png. Click on upload a file.
- 6. Enter the claims information.
- 7. Click Add Line Item
- 8. Click Submit in the lower right hand corner.
- You will receive reimbursement for the claim via a check in the mail or direct deposit if we have your banking information on file. Reimbursements are issued on a Bi-weekly basis.