

How To Submit A Mastercard Claim (PrePay)

Welcome to Aya.

The new way

to pay for

health and

wellness.

Get started



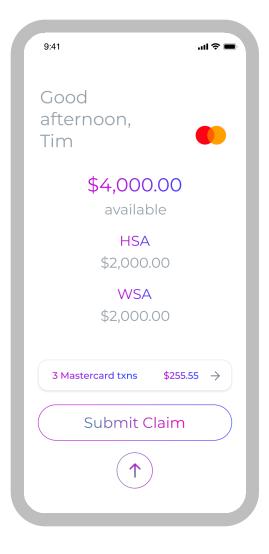


Overview

This document contains instructions on how to submit information for a Mastercard claim through your Aya Care app.

Aya Support

support@ayacare.com or 1-888-427-6682



Once logged in, select "Submit Claim" from the home screen

9:41	a \$ h.
<	
Let's begin submissior	
Step 1: Please select transaction	the type of
Mastercard Transaction	Out of Pocket
lf you need help, p	lease contact us

Select the type of transaction "Mastercard Transaction" Select which of the Mastercard you want to submit information for

9:41

transaction

Mastercard

Transaction

Shoppers Drug Mart

Costco Pharmacy

Costco Pharmacy

FamilyPrix Pharmacy

AYA000000369

AYA000000368

AYA000000367

AYA000000368

Let's begin the claim

submission process

Please provide information for the txns below.

If your txn is not displayed, please check back as it may take up to 3 business days for your txn to be posted. We'll send you a reminder.

Step 1: Please select the type of

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Out of

Pocket

\$75.50

\$127.25

\$52.80

\$127.25

Feb 22, 2022

Feb 21, 2022

Feb 20, 2022

Feb 20, 2022

9:41

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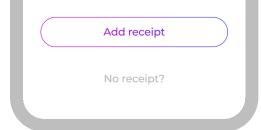
Submit Details

Claim Number H00000####

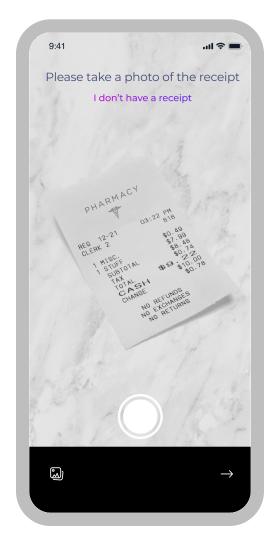
This is a Mastercard txn that requires supporting information in the form of a merchant receipt and claim details. It is mandatory for you to provide this information or else your employer may ask you to remit re-payment back into your Aya Care Account or may impose this full txn amount to your T4 or T4A Income Tax Return as a Taxable Benefit. Your account may also be subject to suspension.

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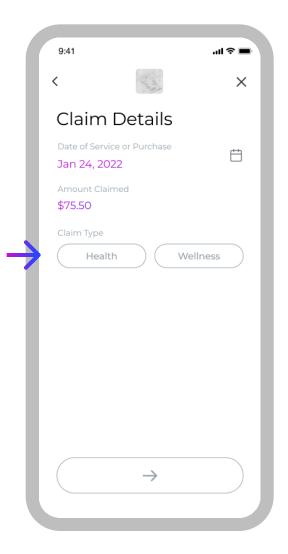
Your deadline for submission of details is on or before Mar 21, 2022.



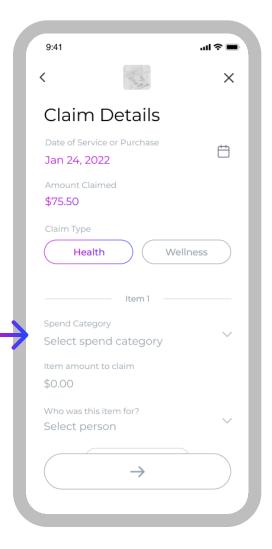
Select "Add receipt" in order to add the transaction receipt



Take a photo of the receipt or select the photo gallery from the left bottom corner



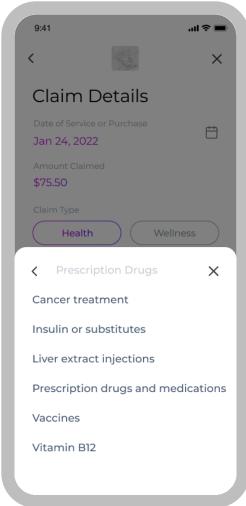
Select whether the transaction was a Health or Wellness one. The date and amount are not editable.



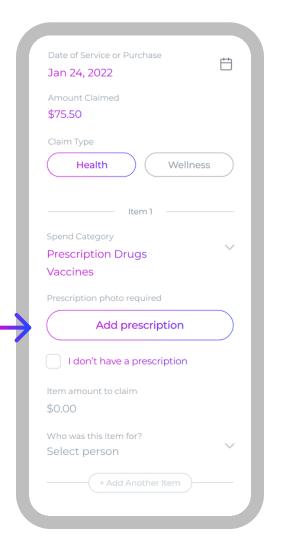
Select the category of the expense

< <p>Claim Details Date of Service or Purchase Jan 24, 2022</p>	
Date of Service or Purchase	
E E E E E E E E E E E E E E E E E E E	
001121,2022	
Amount Claimed \$75.50	
Claim Type Health Wellness	L
Health Categories X	
Prescription Drugs	
Dental	
Vision	
Medical Professional Services	
Medical Equipment	
Others	

Choose category from the list



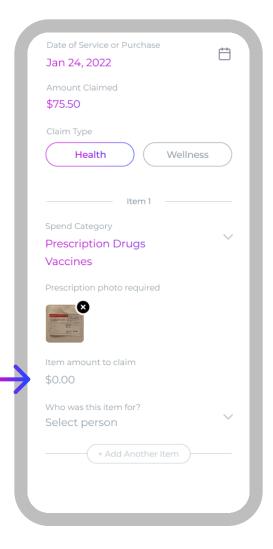
Select sub-category



A few of the categories require prescription photo. Click on "add prescription" in order to submit the prescription photo.

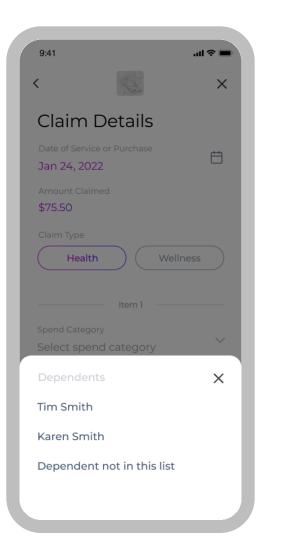


Take a photo of the prescription or select the photo gallery from the left bottom corner



Enter the item cost (the claim can have multiple items). The total cost of the items should match the 'amount you wish to claim' amount.

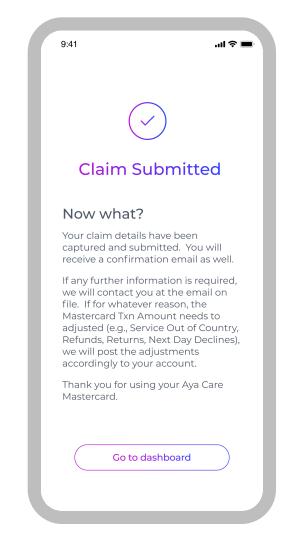
Next, select the person that this item is for.



Claim Type Health Wellness Item 1 Spend Category Prescription Drugs Vaccines Prescription photo required ⊠ Item amount to claim \$75.50 Tim Smith + Add Another Item Final review Info above is correct \rightarrow

Select the person that this item is for from the list

If no other items are to be added, have another look at the entered information and when all looks good, select the checkbox confirming the information submitted is correct.



Your claim is submitted at this step. At this point our team reviews your claim and will notify you within 24 hours.