

LAYA HEALTHCARE

Money Smart Out-patient Claim Form

SECTION 1: MEMBER DETAILS

Member ID: **MEM-1003**

Patient Name: **Declan Murphy**

Date of Birth: 1978-11-30

Address: 22 Shop Street, Galway

Eircode: H91 CD56

Scheme: Money Smart 20 Family

SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form

Treatment Type: **Scan Cover**

Treatment Date: **2026-02-10**

Practitioner / Provider: Beacon Hospital

Practitioner Address: Beacon Court, Sandyford, Dublin 18

SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 200.00**

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 6703

SECTION 5: DECLARATION

Member Signature: **Declan Murphy**

I declare that the information given on this form is correct and complete.