

# LAYA HEALTHCARE

Money Smart Out-patient Claim Form

## SECTION 1: MEMBER DETAILS

Member ID: **MEM-1002**

Patient Name: **Siobhan Kelly**

Date of Birth: 1985-07-22

Address: 7 Patrick Street, Cork

Eircode: T12 AB34

Scheme: Money Smart 20 Family

## SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form

Treatment Type: **Consultant Fee**

Treatment Date: **2026-02-15**

Practitioner / Provider: Dr. Nick Riviera

Practitioner Address: Cork University Hospital, Wilton, Cork

## SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 60.00**

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 5602

## SECTION 5: DECLARATION

Member Signature: **Siobhan Kelly**

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