LAYA HEALTHCARE

Money Smart Out-patient Claim Form

SECTION 1: MEMBER DETAILS

Member ID: **MEM-1001**

Patient Name: **Liam O'Connor**

Date of Birth: 1990-03-14

Address: 12 Baggot Street Lower, Dublin

Eircode: D02 XY45

Scheme: Money Smart 20 Family

SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form

Treatment Type: **GP & A&E**

Treatment Date: **2026-02-20**

Practitioner / Provider: Dr. Hibbert

Practitioner Address: Medical Centre, Baggot Street, Dublin 2

SECTION 3: FINANCIAL DETAILS

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

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 4501

SECTION 5: DECLARATION

Member Signature: *Liam O'Connor*

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