

LAYA HEALTHCARE

Money Smart Out-patient Claim Form

SECTION 1: MEMBER DETAILS

Member ID: **MEM-1005**

Patient Name: **Conor Walsh**

Date of Birth: 1988-09-17

Address: 3 Grafton Street, Dublin

Eircode: D02 GH90

Scheme: Money Smart 20 Family

SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form

Treatment Type: **Consultant Fee**

Treatment Date: **2026-01-15**

Practitioner / Provider: Dr. Sarah Smith

Practitioner Address: Blackrock Clinic, Rock Road, Dublin

SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 150.00**

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 8905

SECTION 5: DECLARATION

Member Signature: **Conor Walsh**

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