

LAYA HEALTHCARE

Money Smart Out-patient Claim Form

SECTION 1: MEMBER DETAILS

Member ID: **MEM-1008**

Patient Name: **Niamh Brennan**

Date of Birth: 1993-12-11

Address: 19 Eyre Square, Galway

Eircode: H91 MN56

Scheme: Money Smart 20 Family

SECTION 2: TREATMENT DETAILS

Form Type: Pre and Post-Natal Claim Form

Treatment Type: **Maternity / Adoption Cash Back**

Treatment Date: **2026-01-25**

Practitioner / Provider: University Hospital Galway

Practitioner Address: Newcastle Road, Galway

SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 1500.00**

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 1208

SECTION 5: DECLARATION

Member Signature: **Niamh Brennan**

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