

LAYA HEALTHCARE

Money Smart Out-patient Claim Form

SECTION 1: MEMBER DETAILS

Member ID: **MEM-1009**

Patient Name: **Sean Gallagher**

Date of Birth: 1975-04-19

Address: 31 Quay Street, Kilkenny

Eircode: R95 OP78

Scheme: Money Smart 20 Family

SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form

Treatment Type: **Hospital In-patient**

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

Practitioner / Provider: St. James's Hospital

Practitioner Address: James's Street, Dublin 8

Number of Days: 3

SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 250.00**

Receipt Attached: Yes

Payment Method: EFT to registered IBAN

IBAN (last 4): 2309

SECTION 4: ACCIDENT / THIRD PARTY DETAILS

Related to accident or injury: **[X] Yes**

Claiming through Solicitor/PIAB: **[X] Yes**

Accident Description: Road traffic accident on N7 motorway

SECTION 5: DECLARATION

Member Signature: **Sean Gallagher**

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