

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. Sarah Murphy
Practitioner Address: Baggot Street Medical Centre, Dublin 2

SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 55.00**
Receipt Attached: Yes
Payment Method: Paid by Debit Card
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.