

## SECTION 1: MEMBER DETAILS

Member ID: **MEM-1003**  
Patient Name: **Declan Murphy**  
Date of Birth: 1978-11-30  
Address: 22 Shop Street, Galway  
Eircode: H91 CD56  
Scheme: Money Smart 20 Family

## SECTION 2: TREATMENT DETAILS

Form Type: Money Smart Out-patient Claim Form  
Treatment Type: **Scan Cover**  
Treatment Date: **2026-02-10**  
Practitioner / Provider: Beacon Hospital  
Practitioner Address: Beacon Court, Sandyford, Dublin 18

## SECTION 3: FINANCIAL DETAILS

Total Cost (EUR): **EUR 200.00**  
Receipt Attached: Yes  
Payment Method: EFT to registered IBAN  
IBAN (last 4): 6703

## SECTION 5: DECLARATION

Member Signature: ***Declan Murphy***  
*I declare that the information given on this form is correct and complete.*