1. **INTRODUCTION:** Long waiting line in hospitals is one of the most common problem faced by people who are in need of any medical attention. This problem persists in the past until today this kind of problem persists in our society. Long waiting time in hospitals or in clinics have many adverse effect on the patient and in some cases it worsen the health condition of the patients. This is one of the reasons why a person’s diseases worsen. Filling up forms while during their check-up became a hassle for both the patient and the doctor. This proposed MediCard will therefore address this problem faced by many today.

**NEED FOR THIS STUDY:**

Many studies have shown that the common problem of people when they are in need of any medical attention is the long waiting line in hospitals and medical clinics. The long queue is not just for waiting for the doctor but also for some medical tests, such as x-ray, complete blood count (CBC), stool tests and many more medical tests.

Ameh, M., Oyefabi, M. & Sabo, B.(2013) stated that the majority of patients (78.1%) spend 2 hours or less on the queue before being seen by the doctor, and less than 1 hour to see the doctor. This dissatisfaction affects not only the patients' mood but the working environment in general. A study conducted by Schull, M., Stukel, T. & Vermeulen, M. (2011) found that long wait time can lead to adverse health effects such as stress, anxiety or pain.

**BACKGROUND:**

Kembe, M. & Onoja, A.(2018) claimed that existing knowledge of the use of queuing model to determine system parameters is of outermost priority to healthcare providers who seek to attract, keep and provide quality healthcare to a patient in the ever-competitive "marketplace." Queuing theory is a renowned and tested mathematical approach to the analysis of waiting lines. Their research have shown that the results of the analysis explicitly showed: average queue length, waiting time of pregnant women, as well as overworking of Doctors at the clinic could reduce at an optimal server level of six Doctors and a minimum total cost. As against the current server level of 4 Doctors at post with a high total cost which incur waiting and service costs. This model will help decision and other policies makers to solve the multi – server queuing problem where capacity and limited resource gives rises to longer waiting and services time.

**OBJECTIVES:**

1. To lessen the wait time for people who are seeking medical attention.

2. To lower the risk of cross-infection while waiting in the hospital.

3. To decrease stress, anxiety, and pain during their hospital visits or check-ups.

4. To make transactions more quick and efficient in a hospital setting.