



# QUOTATION FORM

PRF Number

IRQ\_Shared\_25\_05

## SUPPLIER DETAILS

Name (of shop, company etc.) اسم (المحل ، الشركة ، الخ)	
Address/عنوان	
Name of owner/اسم المالك	
Phone No/رقم الهاتف.	
E-mail/بريد إلكتروني	

Description	Unit	Quantity	General Specification	Type of Activity	Price per person (IQD)	Price for total (IQD)	Comments (e.g. compensation plan)
التفاصيل	الوحدة	الكمية	المواصفات	نوع النشاط	السعر	المبلغ الكلي	تعليقات (مثلاً: معلومات عن خطة التعويض)
Health Insurance Coverage for AGO Staff)	Staff and spouse medical insurance age group (0-17)	40	Hospitalization	100% coverage for critical, acute, and emergency cases within/outside the network.			
			Clinic Visits	Minimum 12 sessions/year, preferred unlimited			
	Staff and spouse medical insurance age group (age 18-30)	18	Medical Tests	Radiology, CT, MRI			
			Prescriptions	High ceiling for claims/year			
	Staff and spouse medical insurance age group (age 31-45)	25	Dental Coverage	Examination, fillings, root canal			
			Optical Coverage	Eye tests, glasses			

Place/مكان	
Date/تاريخ	
Full Name and Position/الاسم الكامل والوظيفة	

Signature/توقيع	Stamp/ختم