

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please INITIAL below beside the type of product(s) you want the agent to discuss.

**Stand-alone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

**Medicare Advantage Plans (Part C) and Cost Plans**

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medigap Plans (Medicare Supplement Plans)**

**Medigap** — A Medigap policy in health insurance sold by private insurance companies to fill gaps in Original Medicare. Medigap policies can help you pay your share (coinsurance, copayments, or deductibles) of the cost of Medicare-covered services.

**Dental/Vision/Hearing Products**

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If you are the authorized representative, please sign above and print below:*

*Representative's Name:* \_\_\_\_\_

*Your Relationship to the Beneficiary:* \_\_\_\_\_

**To be completed by Plan Agent:**

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Walk-In <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Event <input type="checkbox"/> Other: _____	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:] Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

\*Scope of Appointment documentation is subject to CMS record retention requirements \*

*Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Enrollment in Blue Medicare Rx depends on contract renewal.*

*Blue Cross Blue Shield of Arizona Advantage is a HMO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Arizona Advantage depends on contract renewal.*