

Scope of Sales Appointment Confirmation Form



Beneficiary or authorized representative signature and signature date:

Signature: _____ Date: _____

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

Name: _____ Relationship: _____

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).

Medicare Preferred Provider Organization (PPO) Plan - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Special Needs Plan (SNP) - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

TO BE COMPLETED BY AGENT	
Agent name:	Beneficiary name:
Agent phone:	Beneficiary phone (optional):
Initial method of contact: (indicate here if beneficiary was a walk-in.)	Beneficiary address (optional):
Agent's signature:	Date appointment completed:
Plan(s) the agent represented during this meeting:	Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: <ul style="list-style-type: none"> <input type="checkbox"/> Immediate appointment requested <input type="checkbox"/> Unplanned prospect <input type="checkbox"/> Telescope line closed / after hours <input type="checkbox"/> Children / caregivers have limited time
Plan use only:	
If applicable, confirmation number:	

See back side for important disclaimers.

The Centers for Medicare & Medicaid Services requires licensed sales agents to document the scope of a marketing appointment prior to any face-to-face licensed 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. This form is valid for only one face-to-face appointment. Any reschedule, cancellation, or another appointment with the individual will require a new scope to be obtained. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

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