Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires Licensed Sales Agent 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 Licensed Sales 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 on the line next to the type of product(s) you would like to discuss with the Licensed Sales Agent.

_______ Medicare Advantage Plans (Part C)

_______ Stand-Alone Medicare Prescription Drug Plans (Part D)

_______ Medicare Supplement Plans (Medigap)

_______ Dental/Vision/Hearing Products

_______ Hospital Indemnity Products

(Refer to page 2 for product type descriptions)

By signing this form, you agree to an appointment with a Licensed Sales Agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is 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 & Date:	
Signature	Date
If you are the authorized representative, please fill in name & relationship to beneficiary:	
Name (First Last)	Relationship to Beneficiary
To Be Completed by Licensed Sales Agent:	
Beneficiary Name (First Last)	Beneficiary Phone
Beneficiary Address	
Licensed Sales Agent Name (First Last)	Licensed Sales Agent Phone
Date of Appointment	Plans Discussed:
Initial Method of Contact: ☐ Inbound Call ☐ Walk-In ☐ Sales Event ☐ Business Reply Card ☐ Inbound Email ☐ Other (Explain):	
If form was not signed by the beneficiary at least 48 hours in advance of the appointment, please select the reason: ☐ Walk-In ☐ Mail-In ☐ Sales Event ☐ Unplanned Attendee ☐ New SOA (Beneficiary requested additional product) ☐ Other (Explain):	

Stand-Alone Prescription (Part D) Plans

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

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 HMO Point-of-Service (HMO-POS) Plans — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

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, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

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.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Additional Product Plans

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.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.