

Scope of Sales Appointment Confirmation Form



The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure the Medicare beneficiary (or their authorized representative) understands what will be discussed with the agent in the meeting. Please initial below beside the type of product(s) you want the agent to discuss. All information on this form is confidential. If you do not want the agent to discuss a plan type with you, please leave the box empty.

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 (Part C), Medicare Advantage Prescription Drug Plans and other Medicare Plans

Medicare Health Maintenance Organization Point of Service (HMO-POS) — A Medicare Advantage Plan that provides all Original Medicare Part A & Part B health coverage and sometimes covers Part D prescription drug coverage. With the HMO-POS plan, you must use our plan providers to get your covered services at the highest benefit level except in limited circumstances such as an emergency. Under the POS, or out-of-network coverage, you may see any provider who accepts Medicare payments within the United States and its territories. However, you will pay slightly more for most services.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A & Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can use out-of-network providers with no prior authorization required on most services, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products 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 signature: _____

Date: _____ Time: _____

To be completed by Agent:

Agent name: _____

Agent ID#: _____ Agent phone: _____

Beneficiary name: _____ Beneficiary phone (optional): _____

Beneficiary address (optional): _____

Date Appointment Completed: _____

Initial Method of Contact: _____

Recorded Phone Direct Mail Walk-in Information Meeting Other

Plan(s) the agent represented during this meeting: _____

Agent's signature: _____ Date: _____ Time: _____

If you were unable to obtain this completed form prior to your appointment, please provide a reason why:

Note to agent: Scope of appointment documentation is subject to CMS record retention requirements.

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

Representative's Name _____

Your relationship to the beneficiary _____