

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.

<input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)
<p>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.</p>
<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans
<p>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).</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

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.

Sales Appointment Confirmation Form

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 _____

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 Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	
Beneficiary Phone (Optional):	
Beneficiary Address (Optional):	
Initial Method of Contact: <i>(Indicate here if beneficiary was a walk-in.)</i>	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	

Scope of Appointment documentation is subject to CMS record retention requirements

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

SCAN Health Plan® is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. For more information please visit <http://www.scanhealthplan.com>. SCAN Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCAN Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. SCAN Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-870-4867. Hours are 8 A.M. to 8 P.M., seven days a week from October 1 to February 14. From February 15 to September 30 hours are 8 A.M. to 8 P.M. Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-870-4867. El horario es de 8 a. m. a 8 p. m., los siete días de la semana, del 1 de octubre al 14 de febrero. Del 15 de febrero al 30 de septiembre, nuestro horario es de 8 a. m. a 8 p. m., de lunes a viernes. Los mensajes recibidos en días festivos o fuera de nuestras horas de oficina serán contestados dentro de un día hábil. (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-870-4867。10 月 1 日至 2 月 14 日期間的服務時間為早上 8 點至晚上 8 點，每週七天。2 月 15 日至 9 月 30 日期間的服務時間為週一至週五，早上 8 點至晚上 8 點。在節假日及營業時間之外收到的訊息將在一個工作日內回覆。（聽障專線：711）。