

# 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 or telephonic 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.**(Refer to the following page for product type descriptions.)

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C)
- Dental/Vision/Hearing Products
- Ancillary Products (not Medicare affiliated)
- Medicare Supplement (Medigap) Products

**By signing the 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 don't 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 or future enrollment status, or enroll you in a Medicare plan.**

### Beneficiary or Authorized Representative Signature and Signature Date

Signature	Signature Date
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### If you are the Authorized Representative, please sign above and print below:

Representative's Name	Your Relationship to the Beneficiary
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### To be completed by Agent:

Agent Name	Agent Phone
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Beneficiary Name	Beneficiary Phone
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Beneficiary Address

Initial Method of Contact (Indicate here if beneficiary was a walk-in.)

Agent's Signature

Plan(s) the agent represented during the meeting	Date Appointment Completed
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Agent, if the form was signed by the beneficiary at time of appointment provide explanation why SOA was not documented prior to meeting:

Please instruct beneficiary to call 877-467-5353 to confirm this appointment or return completed form to you within 24 hours.

Scope of Appointment documentation is subject to CMS record retention requirements.

<b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>
<b>Medicare Prescription Drug Plan (PDP)</b> – 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.
<b>Medicare Advantage Plans (Part C)</b>
<b>Medicare Health Maintenance Organization (HMO)</b> – 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).
<b>Medicare Preferred Provider Organization (PPO) Plan</b> – 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.
<b>Medicare Private Fee-For-Service (PFFS) Plan</b> – 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.
<b>Medicare Special Needs Plan (SNP)</b> – 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.
<b>Dental/Vision/Hearing Products</b>
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.
<b>Ancillary Products</b>
<b>Critical Illness and Accident Insurance</b> – Plans offering coverage for consumers who have been diagnosed with a specific illness on a predetermined list. These plans are not affiliated or connected to Medicare. <b>Hospital Indemnity Insurance</b> – Plans that offer coverage each day you are hospitalized, up to a designated number of days. These plans are not affiliated with or connected to Medicare. <b>Travel Insurance</b> – Plans offering additional benefits for consumers who travel outside the United States. These plans are not affiliated or connected to Medicare.
<b>Medicare Supplement (Medigap) Products</b>
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

*Medicare Plus Blue<sup>SM</sup>, Blue Cross® Medicare Private Fee For Service, BCN Advantage<sup>SM</sup> and Prescription Blue<sup>SM</sup> are PPO, PFFS, HMO-POS, HMO and PDP plans with Medicare contracts. Enrollment in Medicare Plus Blue PPO, Blue Cross Medicare PFFS, BCN Advantage and Prescription Blue depends on contract renewal.*