



Through Ritter Insurance Marketing

Medi careful is a free webpage that we are offering to our agents as a tool to help them grow their business.

It is your personal webpage with your Name, Phone Number and Agent License number.

The contact information will go to your email address with the clients information and a completed eSOA that can be access and printed from the Ritter Insurance site

You will receive a CMS approved Electronic Scope of Appointment (eSOA)

Requirements for Medicareful Pages

All agents who want a Medicareful page, must be registered in RAMS

All agents who want a Medicareful page, must be appointed with at least 1 of the following...

Medicare Advantage / Medicare Part D:

Humana, SilverScript, Envision

RAMS must be showing that the agent has an Active license with an issue date in the past and a future expiration date.

RAMS must be showing that the agent is fully appointed and certified with one of the below listed carriers – in order to have their direct enroll buttons show, there must be a cert date listed as well.

SilverScript

Humana

Medicareful Webpage

Use for Electronic Scope of Appointment (eSOA)

You will not have access to direct enrollment options. You will still need to use the different companies enrollment process

Will have the ability to view any summary plan details

Feel free to check it out at:

<https://medicareful.com/SeniorHealthSolutions>

Go to your Medicareful Webpage:

<https://medicareful.com/SeniorHealthSolutions>

Senior Health Solutions | 1-866-245-9003 |
Agent Lic. # NPN 405662

How does it work? About Medicare **Contact us**

See Medicare Plans in my area

My Zip Code **Get Started**

How do I know which Medicare plans are right for me?

Medicare Supplement, Medicare Advantage, Part D drug coverage — the options seem endless! Don't worry, Medicareful is here to help. By entering your zip code above, you'll unlock the Medicare plans available in your area. You can navigate them on your own or leave it to our professionals who can guide you to a

Prospect completes Information

I'd like to talk to a licensed sales agent at Medicareful to discuss my Medicare options

First Name	Last Name	
Email	Phone #	Zip Code
Who referred you (if anyone)		

Yes, I am seeking information for a loved one.

I am interested in (select all that apply)

- Stand-alone Medicare Prescription Drug Plans (Part D) ?
- Medicare Advantage Plans (Part C) and Cost Plans ?
- Dental/Vision/Hearing Products ?
- Hospital Indemnity Products ?
- Medicare Supplement (Medigap) Products ?

Medicare Supplement, Medicare Advantage, Prescription Drug Plans, and Medicare Savings Programs. You can choose to buy your own or leave it to our professionals who can guide you to a plan that fits your needs.

Medicareful

The best time to contact me is

- Morning
- Afternoon
- Evening

Digital Signature for Scope of Appointment

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

By entering your information below and clicking Submit, you are giving permission to have a licensed sales agent contact you by telephone or cell phone to provide additional information about products and services. Your consent is voluntary and allows us to contact you via text messaging, artificial or prerecorded voice messages, or automatic dialing for marketing purposes. You may contact us to change your preferences at any time. Data use charges and rates from your cellular carrier may apply.

By signing this form, you agree to be contacted by a licensed sales agent to discuss the types of products you selected 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.

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any 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 type your name	Please re-type your name
-----------------------	--------------------------

Submit

Prospect types name and submits

Senior Health Solutions | 1-866-246-8003
Agent Lic. # NPN 405662

Medicareful

How does it work? About Medicare Contact us

Prospect receives this message and that is all they need to do to send you an eSOA

See Medicare Plans
in my area

Your request has been submitted, you will be contacted shortly.

My Zip Code Get Started >>

How do I know which Medicare plans are right for me?

Medicare Supplement, Medicare Advantage, Part D drug coverage — the options seem endless! Don't worry, Medicareful is here to help. By entering your zip code above, you'll unlock the Medicare plans available in your area. You can navigate them on your own or leave it to our professionals who can guide you to a

RCRM - You Have A New Lead - Message (Plain Text)

File Message

Ignore X Reply Reply Forward Meeting
Delete All Respond

Baseball - Tkend... To Manager
Team E-mail Reply & Delete

Quick Steps

Move Move Actions

Mark Unread Follow Up

Tags

Translate Related Select

Editing

Zoom Zoom

From: help@ritterim.com
To: tkendall1331@gmail.com
Cc:
Subject: RCRM - You Have A New Lead

Sent: Thu 6/15/2017 9:28 AM

Hello,
A new entry was just created in your RCRM account originating from Medicareful. Please login in and review at <http://crm.ritterim.com/book/save/clients/2656260>. Some information on the lead can be seen below.
Name: Robyn Kendall
Phone: 727-397-1850
Email: Tkendall@shsins.com
Location: , 33778
Thank You,
Ritter CRM

You receive an email that lets you know that an eSOA was completed



Click on this link

Click on a photo to see social network updates and email messages from this person.

Windows Taskbar: 10:55 AM



RITTER
Insurance Marketing

Email Address

Password

Remember Me

Login

[Register](#)
[Reset your password](#)

Log into Ritter Website.
This is your email address and password. If you do not have a password or forgot your password click on Reset your password

Edit 'Robyn Kendall' search

- General
- Medical
- Conditions
- Notes
- Products
- Tasks
- Permissions
- SOA

Quote: Medicare Supplement MAPD MA Only Part D Final Expense

HOT

Once login this is the page you come to

First Name <input type="text" value="Robyn"/>	Last Name <input type="text" value="Kendall"/>
Phone <input type="text" value="727-397-1850"/>	Email <input type="text" value="Tkendall@shsins.com"/>
Cellphone <input type="text"/>	Reference Number <input type="text"/>
Address 1 <input type="text"/>	Address 2 <input type="text"/>
City <input type="text"/>	County <input type="text"/>
State <input type="text"/>	Zip <input type="text" value="33778"/>
Gender <input type="text"/>	Date of Birth <input type="text"/>
Marital Status <input type="text"/>	

 **Edit 'Robyn Kendall'** search

- General
- Medical
- Conditions
- Notes
- Products
- Tasks
- Permissions
- SOA**

Scope Of Appointments

Click on SOA



Scope Of Appointment Electronic SOA Submitted: 6/15/2017, Appointment Requested: Afternoon

 Downloaded (6/15/2017)

Agent Name: Senior Health Solutions Agent Phone: 1-866-245-9003

Appointment Date & Time: 6/19/2017 12:00:00 AM

Note:
This individual has completed an electronic SOA on Thursday, June 15, 2017 at 9:28:01 AM EST and would like an appointment in the Afternoon.

Products

- Pdp
- MedicareAdvantage
- DentalVisionHearing
- HospitalIndemnity
- MedicareSupplement

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Products

- Pdp
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Click on Save and Download



Save and Download

Save

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 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 page 2 for product type descriptions)

- R.K. **Stand-alone Medicare Prescription Drug Plans (Part D)**
- R.K. **Medicare Advantage Plans (Part C) and Cost Plans**
- R.K. **Dental/Vision/Hearing Products**
- R.K. **Hospital Indemnity Products**
- R.K. **Medicare Supplement (Medigap) Products**

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.

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: Robyn Kendall (digitally signed)	Signature Date: 6/15/2017
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: Senior Health Solutions	Agent Phone: 1-866-245-9003
Beneficiary Name: Robyn Kendall	Beneficiary Phone (Optional): 727-397-1850
Beneficiary Address (Optional):	

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) medicareful.com	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed: 6/19/2017 12:00:00 AM

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

All you need to do is sign it

*Scope of Appointment documentation is subject to CMS record retention requirements *
A Coordinated Care plan with a Medicare Advantage contract and a Medicare-approved Part D sponsor

Here is your eSOA that is CMS approved. Save this SOA for your records