



## 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.

### Medicare Advantage Plans (Part C)

**Medicare Health Maintenance Organization (HMO)** – A Medicare Advantage Plan that provides Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can get your care only from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Special Needs Plan (SNP)** – A special type of Medicare Advantage Plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home or have certain chronic medical conditions.

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.

Appointment requested day-of or next day

Comments:

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: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

<b>To be completed by Agent:</b>	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: <input type="checkbox"/> Walk-in <input type="checkbox"/> Sales Event <input type="checkbox"/> Other (Specify) _____	
Agent's Signature:	Date of Appointment:
Plan(s) the agent represented during this meeting:	
[Plan Use Only:]	

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