

# 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. Agents must be licensed, contracted, and certified, where applicable, to sell the plans listed below.

## Medicare Advantage Plans (Part C)

Please initial the box below to discuss our product with an agent.

**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).

By signing this form, you are agreeing to meet with a sales agent to discuss the type of product you initialed above. Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

You are not obligated to enroll in a plan. Current or future Medicare enrollment status will not be affected, and you will not be automatically enrolled in the plan(s) discussed.

### Beneficiary or Authorized Representative Signature and Signature Date

Name (please print):

Signature:

Date:

### If you are the Authorized Representative, Please Sign Above and Print Below

Representative Name:

Your Relationship to the Beneficiary:

### To be Completed by Agent:

Agent Name:

Agent NPN#:

Agent Phone:

Beneficiary Address:

Beneficiary Phone:

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

Agent Signature:

Plan(s) the agent represented during this meeting/event:

Date Appointment Completed:

Scope of Appointment (SOA) is subject to Medicare Record Retention Requirements

### [For Plan Use Only]

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