healthteam advantage™

2017

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 Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan 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.

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: _____ Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

H9808_16_140 Accepted

To be completed by Agent:

Plan(s) the agent represented during this meeting: _____

Agent Name: _____ Agent Phone: _____

Beneficiary Name:_____ Beneficiary Phone: _____

Beneficiary Address: _____
(optional)

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

Date Appointment Completed: _____

*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:

_____

_____

_____

_____