

## 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.**

<input type="checkbox"/> <b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>
<input type="checkbox"/> <b>Medicare Prescription Drug Plan (PDP)</b> — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<input type="checkbox"/> <b>Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans</b>
<input type="checkbox"/> <b>Medicare Health Maintenance Organization (HMO)</b> — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan’s network except in an emergency.
<input type="checkbox"/> <b>Medicare Preferred Provider Organization (PPO) Plan</b> — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
<input type="checkbox"/> <b>Medicare Special Needs Plan (SNP)</b> — A special type of Medicare Advantage Plan that provides more focused and specialized health care 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
<input type="checkbox"/> <b>Medicare Medical Savings Account (MSA) Plan</b> — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.
<input type="checkbox"/> <b>Medicare Cost Plan</b> — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan’s network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

A health plan with a Medicare contract and a Medicare-approved Part D sponsor.

**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 does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

<b>Beneficiary Signature:</b> _____  <b>Date:</b> _____ <b>Time:</b> _____
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*If you are the authorized representative, you must sign above and provide the following information:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Phone number:* \_\_\_\_\_

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

**To be completed by Agent:**

Agent Name:	Agent Phone:	
Agent Number:	Agency Number:	
Beneficiary Name:	Beneficiary Phone:	
Beneficiary Address:		
Beneficiary Medicare Number:		
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)		
<b>Agent's Signature:</b>	<b>Appointment Date:</b>	<b>Appointment Time:</b>
<b>Agent's Signature:</b>	<b>Application Received Date:</b>	<b>Application Received Time:</b>
Plan Use Only: For Highmark appointments - If a completed enrollment application is received at the time of the appointment, this form should accompany the enrollment application. The Senior Markets enrollment fax number is 1-888-663-0258.		