



Scope of Sales Appointment

The Centers for Medicare and Medicaid Services require 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.

The licensed sales agent who discusses the products with you is either employed or contracted by a Medicare plan. They do not work for the federal government. This licensed sales agent may also be paid based on your enrollment.

Medicare Advantage plans (Part C)

A Medicare Advantage (MA) plan provides all Original Medicare Part A and Part B health coverage and sometimes offers Part D prescription drug coverage (MAPD and other additional benefits. There are different types of MA plans, such as:

Health maintenance organization (HMO) plan

This type of MA plan typically requires you to see only in-network doctors. Referrals from a primary care doctor are not required.

Preferred Provider organization (PPO) plan

In Most cases, on this type of MA plan, you'll pay less if you use in-network doctors. Referrals from a primary care doctor are not required

Private fee-for-service (PFFS) plan

On this type of MA plan, you may go to any Medicare-approved doctor, hospital or provider that accepts the plans payment, accepts the terms and conditions and agrees to treat you-but not all providers will.

Special Needs Plan (SNP)

This type of MA plan has a benefits package designed for people with special healthcare needs. Examples of groups served include people who have both Medicare and Medicaid, reside in nursing homes, and/or have a certain chronic medical condition.

Stand-Alone Medicare Prescription Drug plans (Part D)

Medicare Prescription drug plan (PDP)

This stand-alone drug plan adds prescription drug coverage to Original Medicare and some other Medicare plans.

Medicare Supplements

Medicare Supplements

Medicare Supplement plans are standardized plans that can be bought with varying coverage options to help supplement your Original Medicare plan. While MA plan takes the place of the Original Medicare, a Medicare Supplement plan is simply added on to Original Medicare. Medicare Supplement plans have no provider networks and help pay some of the costs that Original Medicare does not pay. Medicare supplement plans cannot be held with an MA plan.

Dental

Stand-Alone **Dental** plans are available at varying levels of coverage at in- and out-of-network providers

Vision

Stand-Alone **Vision** plans are available at varying levels of coverage at in- and out-of-network providers

Hospital indemnity

Hospital indemnity plans cover some of the costs associated with hospital stays that may not be covered by a primary health plan



Scope of Sales Appointment

In the space provided below, please initial next to the type of health product(s) you want the licensed sales agent to discuss.

☐
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Medicare Advantage plans (Part C)
Stand-Along Medicare Prescription
Drug plans (Part D)
Medicare Supplement Plans

☐
☐
☐

Dental
Vision
Hospital Indemnity

Name: _____ Phone: _____

Address: _____

By signing this form, you agree to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may pay compensation based on your enrollment in a plan.

Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage plan, prescription drug plan or other Medicare plan.

Beneficiary or Authorized Representative Signature

Date

If you are the authorized representative (e.g. P.O.A.), please sign above and print below:

Representative's Name: _____

Your Relationship with the Beneficiary: _____

To Be Completed by Licensed Agent/Plan Representative:

Licensed Agent Name: _____ Phone: _____

Agent SAN Initial method of Contact

Plan(s) The Agent Represented During this Meeting:

Date Appointment Completed Appointment ID

Agent Signature

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