

Medicare Scope of Sales Appointment Confirmation



Instructions for Completing this Confirmation

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to all marketing activities—in-person, telephonically, by video, and walk-ins to health plan or agent office—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 beside the type of product(s) you want the agent to discuss with you.

Section 1: Medicare Advantage Plans (Part C) and Cost Plans

Initials ▼ <hr/>	Medicare Health Maintenance Organization-Point of Service (HMO-POS) 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 HMO-POSs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Initials ▼ <hr/>	Medicare Preferred Provider Organization (PPO) Plan A Medicare Advantage Plan that 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.
	Medicare Private Fee-for-Service (PFFS) Plan A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital, and provider that accepts the plan's payment, terms, and conditions, and agrees to treat you—not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Initials ▼ <hr/>	Medicare Special Needs Plan (SNP) A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
	Medicare Medical Savings Account (MSA) Plan MSA Plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use the account to pay your medical expenses until your deductible is met and the plan begins to pay 100%.
	Medicare Cost Plan In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare co-insurance and deductibles.

Section 2: Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Section 3: Authorization

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed. Please note, the person who will discuss the products with you 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 future enrollment status, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative*Signature**Signature Date***If you are the authorized representative, also print below.***Representative's Name**Relationship to Beneficiary***Section 4: Agent and Beneficiary Information** *(to be completed by Agent)*

Agent Name	Agent Phone No.	Date Appointment Completed
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Agent Signature	Plan(s) Agent Represented During Meeting
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Initial Method of Contact

☐ Beneficiary was a walk-in

Beneficiary Name	Beneficiary Phone No. <i>(optional)</i>
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Beneficiary Address**Plan Use Only**

If this form was signed by the beneficiary at the time of the appointment, the agent must provide an explanation why the Scope of Appointment was not documented prior to the meeting.

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