

## 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 his/her 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.**

<p>_____ <b>Stand-alone Medicare Prescription Drug Plans (Part D)</b> Beneficiary initials</p>
<p>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.</p>
<p>_____ <b>Medicare Advantage Plans (Part C)</b> Beneficiary initials</p>
<p><b>Medicare Health Maintenance Organization (HMO)</b> — 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).</p>
<p><b>Medicare Preferred Provider Organization (PPO) Plan</b> — 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.</p>

**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. The person does 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: \_\_\_\_\_

Signature Date: \_\_\_\_\_

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

Representative's Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

**To be completed by Agent:**

Agent Name:	Agent Phone:
Beneficiary Name: <b>Jerry Brackett</b>	Beneficiary Phone (Optional): <b>770-967-1111</b>
Beneficiary Address (Optional):	
Medicare ID Number:	
Initial Method/Location of Contact: ( <input type="checkbox"/> Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:]	

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

Agent, ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice.

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

\_\_\_\_\_  
\_\_\_\_\_

A health plan with a Medicare contract.



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# Marketing Medicare Advantage and Part D Plans

Part 4

**Version 5.2**  
**August 10, 2011**

## Required Practices: **Scope of Appointment**

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- Marketing representatives must:
    - Market only health care related products during any MA or Part D sales activity or presentation.
    - Prior to any marketing appointment, clearly identify the types of product(s) that will be discussed, **obtain agreement** from the beneficiary and document that agreement.
      - **Documentation for appointments resulting from a sales presentation must be in writing using a “Scope of Appointment” form .**
      - For appointments made over the phone, required documentation is a recording of the call. The call must be placed by the plan sponsor, NOT the marketing representative/agent/broker.
    - During appointments scheduled in response to a reply card, only discuss the products included in the reply card in which the beneficiary has indicated interest.
    - A plan sponsor or agent may not agree to the scope on behalf of the beneficiary.
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