

Scope of sales appointment confirmation form

The Centers for Medicare and Medicaid Services (CMS) 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 the Medicare beneficiary or his/her authorized representative.

Please check below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO), Medicare Preferred Provider Organization (PPO) Plan, Medicare Private Fee-For-Service (PFFS) Plan, Medicare Special Needs Plan (SNP)

Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Supplement (Medigap) Products

Dental/Vision/Hearing Products

Name		Phone	
Address	City	State	ZIP

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you checked 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 or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or authorized representative signature	Date (mm/dd/yyyy)	Time
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To be completed by agent

Agent name		Agent phone	
Beneficiary name		Beneficiary phone (optional)	
Beneficiary address (optional)	City	State	ZIP
Initial method of contact (indicate here if the beneficiary was a walk-in)			



Agent signature

Plan(s) the agent represented during this meeting**Date appointment completed (mm/dd/yyyy)**

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

Medicare Advantage Plans (Part C)**Medicare Health Maintenance Organization (HMO) Plan**

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes Part D prescription drug coverage. With most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes 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.

Medicare Special Needs Plan (SNP)

A Medicare Advantage plan that has a benefit package designed for people with special healthcare 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.

Standalone Medicare Prescription Drug Plans (Part D)**Medicare Prescription Drug Plan (PDP)**

A standalone 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.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE (24 hours a day/7 days a week) to get information on all of your options.