



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.
(Refer to page 2 for product descriptions)

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C)
- Medicare Supplement (Medigap) Products

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 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	Beneficiary Phone (Optional)
Beneficiary Address (Optional)	
Initial Method of Contact (Indicate here if the beneficiary was a walk-in.)	
Agent's Signature	
Plan(s) the Agent Represented During This Meeting	Date Appointment Completed
Agent, if this form was signed by the beneficiary at the time of the appointment, provide an explanation below of why the SOA was not documented prior to the meeting.	

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

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.

MEDICARE ADVANTAGE PLANS (PART C)

Medicare Health Maintenance Organization (HMO) – 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).

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.

Medicare Point-of-Service (HMO-POS) Plan – A Medicare Advantage Plan that provides you with additional choices in obtaining specified health care services from a network of local or regional providers. The POS benefit allows you to see out-of-network providers as well. Additional costs are generally required for out-of-network provider care.

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 SUPPLEMENT (MEDIGAP) PRODUCTS

Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare such as care outside of the country. These plans are not affiliated or connected to Medicare.

SelectHealth is an HMO-POS plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.