

## 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.**

<input type="checkbox"/>	<b>Medicare Advantage Plans (Part C) and Cost Plans</b>
<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).	
<b>Medicare Point of Service (POS) Plan</b> — A Medicare Advantage Plan available in a local or regional area which combines the features of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider, but can use doctors, hospitals, and providers outside of the network for an additional cost.	
<b>Medicare Special Needs Plan (SNP)</b> — 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.	
<input type="checkbox"/>	<b>Optional Supplemental Plans</b>
<b>Optional supplemental dental plans</b> – Extra benefits that are not covered by Original Medicare and not included in your benefits package as a member. You must sign up for one of two optional supplemental dental plans and pay an additional premium in order to receive benefits for routine, diagnostic, and restorative dental care.	
<b>Optional supplemental vision plan</b> – For members of Providence Medicare Prime + RX (HMO-POS) only. Routine vision benefits are not included in your benefits package as a member of this plan. You must sign up for the optional supplemental vision plan and pay an additional premium in order to receive routine vision benefits.	

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:**

<b>Signature</b>	<b>Signature Date</b>
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*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 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, if the form was signed by the beneficiary at time of appointment, provides explanation why SOA was not documented prior to meeting:

Providence Medicare Advantage Plans is an HMO, HMO-POS, and HMO SNP plan with a Medicare and Oregon Health Plan contract. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.