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 their authorized representative.

Initial below beside the type of products you want the agent to discuss.
(Refer to next page for product type descriptions.)

- ☐ Standalone Medicare Prescription Drug plans (Part D)
- ☐ Medicare Advantage plans (Part C) and Cost plans
- ☐ Dental/vision/hearing products
- ☐ Hospital indemnity products

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Note that 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 person 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, sign above and print below:	
Representative's name	Relationship to 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)	
Plan(s) the agent represented during the meeting	
Agent's signature	Date appointment completed

Scope of Appointment documentation is subject to CMS record retention requirements

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 and some Medicare Private-Fee-for-Service plans.
Medicare Advantage plans (Part C) and Cost plans
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 (POS) plan — A type of Medicare Advantage plan available in a local or regional area that combines the best 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 healthcare provider. You can use doctors, hospitals and providers outside of the network for an additional cost.
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.
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 coinsurance and deductibles.
Dental/vision/hearing products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital indemnity products
Plans offering additional benefits payable to consumers based upon their medical utilization, sometimes used to defray copay/coinsurance. These plans are not affiliated with or connected to Medicare.

Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.