

SCOPE OF APPOINTMENT CONFIRMATION

The Centers for Medicare and Medicaid Services (CMS) regulations for Medicare Communications and Marketing Guidelines require that all sales agents document the scope of any marketing/sales appointment **prior to** any face-to-face, telephonic, or virtual sales meeting to ensure that both the Medicare Beneficiary (or his/her Authorized Representative) and agent understand what topics are to be discussed. ***Please check the box(es) for the type of product(s) you wish to discuss.***

<input type="checkbox"/>	Medicare Advantage Plans (Part C)
<input type="checkbox"/>	Stand-Alone Medicare Prescription Drug Plans (Part D)
<input type="checkbox"/>	Medicare Supplement Plans
<input type="checkbox"/>	Dental / Vision / Hearing Options
<input type="checkbox"/>	Hospital Indemnity Options

MEDICARE BENEFICIARY:

Name:		Phone:	
Home Address: (Street, City, Zip)			
By signing this form, you agree to meet with a licensed agent to discuss the types of products you have indicated above. Signing this form does NOT obligate you to enroll in a Plan, affect your current or future enrollment status, or automatically enroll you in a Medicare plan.			
Signature:		Date:	

If you are an Authorized Representative, please complete the information below.

Name:		Relationship:	
Signature:		Date:	

TO BE COMPLETED BY AGENT:

Agent Name:		Agent Phone:	(260) 484-7010	Agent ID:	
Beneficiary Name:		Beneficiary Phone:			
Beneficiary Address: (Street, City, Zip)					
Plan(s) Discussed:		Initial Method of Contact:			
Signature:		Date of Appointment:			

Medicare Advantage Plans (Part C)
Medicare Advantage plans provide all Original Medicare (Part A & Part B) covered services. Many include Prescription Drug coverage, and most include other additional benefits not covered by Original Medicare.
Medicare Health Maintenance Organization (HMO)
A Medicare Advantage plan that generally requires members to receive covered services from in-network providers only. Some require referrals from a PCP.
Medicare HMO Point-of-Service (HMO-POS)
A Medicare Advantage plan that generally requires members to receive covered services from in-network providers only - but may allow you to get some services from out-of-network providers and usually at a higher cost.
Medicare Preferred Provider Organization (PPO)
A Medicare Advantage plan that includes a network of providers, but also allows you to use out-of-network providers at a higher cost.
Medicare Private Fee-for-Service (PFFS)
A Medicare Advantage plan that allows you to receive care from any Medicare-approved provider that accepts the plans payment terms and conditions and agrees to treat you. If the PFFS has a network, you can see an in-network provider who as agreed to always treat plan members. Out-of-network services will generally be at a higher cost.
Medicare Special Needs (SNP)
A Medicare Advantage plan that includes benefits designed for individuals with special care needs. These include: Medicare and Medicaid (Dual Special Needs); Chronic Conditions, and people who reside in Nursing Homes.
Medicare Medical Savings Account (MSA)
A Medicare Advantage plan that combines a high deductible health plan with a bank account. The Plan deposits money into the savings account and you can use it to pay for your eligible medical expenses. Unused money in the bank account rolls over each year.
Stand-Alone Medicare Prescription Drug Plans (Part D)
A stand-alone plan that provides coverage for prescription drugs. Stand-alone drug plans can only be combined with Original Medicare, Medicare Supplement plans, Medicare PFFS plans w/o drug coverage, and MSA plans. Stand-alone prescription drug plans can not be added to HMO, PPO, POS, or SNP plans.
Other Related Products
Medicare Supplement
Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare Part A & Part B. This includes: deductibles, copays, and coinsurance.
Dental/Vision/Hearing
Plans offering additional benefits for individuals looking for special coverage needs. These plans are not part of Original Medicare.
Hospital Indemnity
Plans offering additional benefits that are generally fixed reimbursement amounts to the consumer. These plans are not part of Original Medicare.

Information provided on this form is confidential and per CMS requirement, will be kept on file for a period of ten (10) years. You may request a copy of this form anytime during this retention period.