

# Scope of Appointment Confirmation Form



**LIVE WEALTH PLANNERS**  
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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 the type of product(s) you want the Agent to discuss in the meeting:**

**\_\_\_ 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 Plan (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 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 that 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 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 Medical Savings Account (MSA) Plan* - MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**\*Scope of Appointment documentation is subject to CMS record retention requirements\***

**"We do not offer every plan available in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options."**

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*Medicare Cost Plan* - In a Medicare Cost Plan, you can go to a provider 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.

## Other Related Products

*Dental/Vision/Hearing* - 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.

*Medicare Supplement (Medigap) Products* - Insurance plans that help pay some of the out of pocket costs not paid by Original Medicare (Part A and B) such as deductibles and co-insurance amounts for Medicare approved services.

*Travel Insurance* - Plans offering additional benefits for consumers who travel outside the United States. These plans are not affiliated or connect to Medicare.

**By signing this form, you agree to a meeting with a licensed insurance agent to discuss the types of products initiated above. Please note, the person who will discuss the products is contracted to sell Medicare plans through insurance carriers and do not work directly for the Federal government. Agents 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 Medicare enrollment status, or enroll you in a Medicare plan.**

Beneficiary or Authorized Representative Signature: \_\_\_\_\_

If you are the authorized representative, please sign above and print below:

Representative Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

## **To be completed by the Agent:**

Agent Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary Phone #: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

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: \_\_\_\_\_

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