

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 note that an agent may also discuss a Medicare Supplement policy with you.)

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 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.

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.

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In the space provided below, please initial the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C) Stand Alone Prescription Drug Plans (Part D)

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature

*If you are the **authorized representative**, please sign and provide the following information below:*

Name: _____

Signature Date

Address: _____
(Street, City, State, Zip)

Agent please mail this form to:

**Humana MarketPOINT
P.O. Box 14637
Lexington, KY 40512-4637**

Phone: _____

Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: (Please Print)	Agent Phone:	
Beneficiary Name: (Please Print)	Beneficiary Phone (Optional):	
Beneficiary Address (Optional):		Appointment Date:
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)		
<input type="checkbox"/> Agent Book of Business <input type="checkbox"/> Agent Contact <input type="checkbox"/> Beneficiary Referral <input type="checkbox"/> Agent Referral Walk-In Locations: <input type="checkbox"/> Walmart <input type="checkbox"/> Other Retail <input type="checkbox"/> Guidance Center <input type="checkbox"/> Market Office <input type="checkbox"/> Other: _____		
Agents, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: _____ _____		
Application # - Paper Barcode, MAPA ID or Recording ID:	Date Appointment Completed:	
Plan(s) the agent represented	Beneficiary Medicare ID Number	
Agent's Signature:	Agent Signature Date:	Agent SAN:

A health plan and a stand-alone prescription drug plan with a Medicare contract.

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