



Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) 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 his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Agents must be licensed, contracted and certified, where applicable, to sell each of the plans listed below:

Please INITIAL BELOW beside the type of product(s) you want the agent to discuss:			
	Medicare Prescription Drug Plan (PDP)		Dental/ Vision Products
	Medicare Health Maintenance Organization (HMO)		Medicare Supplement (Medigap) Products
Refer to page 2 for product type descriptions			

Beneficiary or Authorized Representative

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 or future enrollment nor will it automatically enroll you in a Medicare plan or any plans discussed.

Beneficiary or authorized representative signature and signature date:

Beneficiary Printed Name	Beneficiary Date of Birth (Optional)
Beneficiary Signature	Signature Date

If you are the **authorized representative**, please sign above and print your name and relationship to the beneficiary

To be completed by Agent:

Agent Name:	Agent Phone
Beneficiary Address (Optional)	Beneficiary Phone (Optional)
Initial Method of Contact (indicate if beneficiary walked in)	
Date Appointment Completed	Plans the agent represented during this meeting



Medicare Plan Descriptions

Agent Signature

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)

Dental/Vision Products

Health Insurance plans offering additional benefits for consumers who are looking to cover needs for dental or vision. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products

Health insurance plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Agents are required to submit a Scope of Appointment form with each enrollment Medicare Advantage Plan or Medicare Prescription Drug Application. Scope of Appointment documentation is subject to CMS record retention requirements.

Blue Cross Blue Shield Nebraska MA CoreSM, Blue Cross Blue Shield Nebraska MA ChoiceSM, and MedicareBlue RXTM are HMO and Regional PDP plans with Medicare Contracts. Enrollment in the above listed plans depends on contract renewal. Plans are offered by Blue Cross Blue Shield Nebraska and the Northern Plains Alliance.

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