



## 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 his or 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.

In the boxes below, please put your initials beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss Medicare Supplement plans with you.)

- Stand-alone Medicare Prescription Drug Plans (Part D) (PDP)** – Stand-alone drug plans that add prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

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- Medicare Advantage Plans (Part C) (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 receive care only from doctors or hospitals in the plan’s network (except in emergencies). May include optional supplemental dental HMO and PPO plan information.

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- Medicare Advantage Plans (Part C) (HMO D-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.

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- Medicare Advantage Plans (PPO)** – A Medicare Advantage Plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. PPO plans must cover all plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers. May include optional supplemental dental PPO plan information.

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- Dental HMO, Dental PPO, or Dental + Vision plans** – Stand-alone plans that provide dental and vision coverage. Medicare has neither reviewed, nor endorses, these plans.

**By signing this form you agree to a sales meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the plan options is either employed by Blue Shield of California or contracted by a Medicare plan. They do not work directly for the Federal government. The 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 Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

**Beneficiary or authorized representative signature and signature date:**

<b>Signature:</b>	<b>Signature date:</b> <input style="width: 100%;" type="text"/>
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If you are the authorized representative, please sign above and print below:

Representative's name:

Address (optional):

Phone number (optional):

Your relationship to the beneficiary:

<input type="text"/>	<input type="text"/>
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To be completed by the agent prior to meeting with beneficiary.

**Agent name (required):**

**Agent phone (required):**

<input type="text"/>	<input type="text"/>
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**Plan assigned agent ID:**

**Agent NPN:**

<input type="text"/>	<input type="text"/>
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**Beneficiary name (required):**

**Beneficiary contact info (phone or address) (optional):**

Initial method of contact (check one):

Sales event    Walk-in    Inbound call    Permission to call card    Other

**Plan(s) the agent represented during this event/meeting:**

**Agent signature (required):**

**Date of appointment (required):**

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By signing this form, Agent agrees and attests that this SOA was documented and agreed to by the beneficiary or their authorized representative prior to discussing plan information. Agent also agrees to provide a copy of this SOA when submitting the beneficiary's enrollment request. All SOA forms must be retained by the agent for no less than 10 years and be available to Blue Shield of California upon request regardless of whether or not the appointment resulted in an enrollment.

**IMPORTANT:** Beneficiary Medicare number to be completed by agent only after receipt of enrollment application.

**Beneficiary Medicare number:**

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