

Sales Appointment Confirmation

Please initial below beside the type of product(s) you want the agent to discuss.

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

Medicare Advantage Plans (Part C) and Cost Plans	
<input type="checkbox"/>	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).
<input type="checkbox"/>	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.
<input type="checkbox"/>	Optional Supplemental Dental Plans — Administered by Delta Dental Insurance Company

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

Agreeing to this appointment does not affect your current or future Medicare enrollment status and there is no obligation to enroll. In addition, completing this confirmation will not automatically enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare Plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature Signature Date

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

Representative's Name: _____

Your Relationship to the Beneficiary: _____

Plan Use Only: To be completed by Agent	
Agent Name: Steve Shorr	Agent Phone: 310.519.1335
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address:	
Initial Method of Contact: <i>(Indicate here if beneficiary was a walk-in.)</i>	
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
If the form was signed by the beneficiary at time of appointment, provide explanation why Sales Appointment Confirmation was not documented prior to meeting:	

Sales Appointment Confirmation (Scope of Appointment Form) documentation is subject to CMS record retention requirements.