



Scope Of Sales Appointment Confirmation

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 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 beside the type of product you want the agent to discuss.

Clever Care Medicare Advantage and Prescription Drug 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 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 Chronic Special Needs Plan (C-SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. An example of the specific groups served include people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initiated 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 enrollment, or enroll you in a Medicare plan.

Signature:

Date:

____ M ____ M / ____ D ____ D / ____ Y ____ Y ____ Y ____ Y

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

Representative's Name:

Your Relationship to the Beneficiary:

AGENT SECTION: Return this form along with the completed enrollment application

Agent Name:

Agent Phone:

() _____ - _____

Beneficiary Name:

Beneficiary Phone (optional):

() _____ - _____

Beneficiary Address:

Indicate method of contact: ☐ Sales event ☐ Walk-in ☐ Inbound call ☐ Permission to call card

If the form was signed by the beneficiary at the time of appointment, explain why it was not documented prior to the meeting:

Agent's Signature:

Date Appointment Completed:

____ M ____ M / ____ D ____ D / ____ Y ____ Y ____ Y ____ Y

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

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