Scope of Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires the scope of a personal marketing appointment to be documented before Medicare plan products are discussed so that the Medicare beneficiary (or authorized representative) understands what will be discussed. An SOA is required for personal marketing appointments. For in-person personal marketing appointments, the SOA must be documented in writing. All information provided on this form is confidential and should be completed by each person with Medicare or his or her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss only the types of products you initialed above. The person who will discuss the products may be employed or contracted by a Medicare plan and does not work directly for the Federal government. This individual may 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. Products not agreed upon above may not be discussed or marketed during this appointment unless the scope is updated with your agreement.

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:
To be completed by Agent:	
Agent Name: Joel Lewis	**Agent Phone:** 775-782-8563
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
If the SOA was not documented before the appointment, provide an explanation:	

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

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 and certain Medicare health plans that do not include Part D prescription drug coverage.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) - A Medicare Advantage plan that provides Medicare Part A and Part B coverage and may include Part D prescription drug coverage. Generally, members receive covered care from network providers except in circumstances allowed by the plan, such as emergencies.

Medicare Preferred Provider Organization (PPO) Plan - A Medicare Advantage plan with a network of doctors and hospitals. Members may generally use out-of-network providers for covered services, usually at a higher cost.

Medicare Private Fee-for-Service (PFFS) Plan - A Medicare Advantage plan that determines how much it will pay providers and how much members pay. Provider acceptance of the plan's terms and conditions may be required.

Medicare Point of Service (POS) Plan - A plan design that may allow certain covered services outside the plan's network, generally at additional cost.

Medicare Special Needs Plan (SNP) - A Medicare Advantage plan designed for people with specific needs or circumstances, such as certain chronic conditions, institutional residence, or eligibility for both Medicare and Medicaid.

Medicare Medical Savings Account (MSA) Plan - A Medicare Advantage plan combining a high-deductible health plan with a medical savings account funded by Medicare for qualified health care expenses.

Medicare Cost Plan - A Medicare health plan under which Medicare-covered services received outside the plan's network may be covered by Original Medicare, subject to applicable Medicare cost sharing.

Dental/Vision/Hearing Products

Plans or policies offering benefits for dental, vision, or hearing needs. Stand-alone products in this category are not Medicare Advantage or Part D plans.

Hospital Indemnity Products

Insurance products that may pay fixed benefits based on covered medical events or utilization and may be used to help with out-of-pocket costs. These products are not Medicare Advantage or Part D plans.

Medicare Supplement (Medigap) Products

Private insurance policies designed to supplement Original Medicare by helping pay certain Medicare deductibles, coinsurance, and copayments. Some policies may provide limited benefits for certain services not covered by Original Medicare.

2027 SOA Notice: The prior 48-hour waiting period between SOA completion and a personal marketing appointment has been removed. The scope must still be agreed to before products are discussed, and an SOA must be in writing for an in-person personal marketing appointment.