Scope of Sales Appointment* Confirmation Form

Priority Health

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of every marketing appointment prior to all sales meetings to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (and his/her authorized representative). All information provided on this form is confidential. If you do not want the agent to discuss a plan type with you, please leave the box empty.

Please initial below beside the type of product(s) you want the agent to discuss.
(See reverse side for product type descriptions)

- ☐ **Medicare Advantage plans (Part C)**
- ☐ **Dental/vision/hearing products**
- ☐ **Hospital indemnity products**
- ☐ **Medicare supplemental plans (Medigap products)**
- ☐ **PDP Part D**
- ☐ **Dual Eligible Special Needs Plan (D-SNP)**

By signing this form, you agree to one meeting with a sales agent to discuss the types of products 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, or enroll you in a 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: _____

To be completed by agent:
Agent name: _____
Agent ID#: _____ Agent phone: _____
Beneficiary name: _____ Beneficiary phone (optional): _____
Beneficiary address (optional): _____
Initial method of contact: ☐ Recorded phone ☐ Direct mail ☐ Walk-in
☐ Information meeting ☐ Other
Plan(s) the agent represented during this meeting: _____
Date and time of appointment: _____ Agent's signature: _____

*Scope of Appointment documentation is subject to CMS record retention requirements (i.e. 10 years).

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Medicare Advantage plans (Part C)
Medicare Health Maintenance Organization Point of Service (HMO-POS) — A Medicare Advantage Plan that provides all Original Medicare Part A & Part B health coverage and sometimes covers Part D prescription drug coverage. With the HMO-POS plan, you must use our plan providers to get your covered services at the highest benefit level except in limited circumstances such as an emergency. Under the POS, or out-of-network coverage, you may see any provider who accepts Medicare payments within the United States and its territories. However, you will pay slightly more for most services.
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A & Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can use out-of-network providers with no prior authorization required on most services, usually at a higher cost.
Dental/Vision/Hearing Products
Plans offering additional dental, vision and/or hearing benefits for consumers looking for this coverage. These plans are not affiliated with or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based on their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare supplement plans (Medigap products)
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductibles and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside the country. These plans are not affiliated or connected to Medicare. NOTE: A Medigap plan cannot be used with a Medicare Advantage plan.
Prescription Drug Plan (PDP) Part D
Stand-alone prescription drug coverage—not available as a stand-alone from Priority Health.
Dual Eligible Special Needs Plan (D-SNP)
This plan has both Medicare and full Medicaid benefits. Please note you must have full Medicaid benefits for this plan to be an option.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact *Medicare.gov* or 1-800-MEDICARE to get information on all of your options.

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