## SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



1	To be completed by Medicare beneficiary (or authorized representative).			
	Please initial below in the box beside the plan type you want the agent to discus you (refer to page 2 for product type descriptions). If you do not want the agent discuss a plan type with you, please leave the box empty. (Please note that an agmay also discuss a Medicare Supplement policy with you.)			
<ul> <li>Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)</li> </ul>				
	Medicare Advantage Plans (Part C), Medicare Advantage Plans and other Medicare Plans	Advantage Prescription Drug Plans	s,	
	The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan. They do not work for the Federal government, and they may be compensated based on your enrollment in a plan.			
2	<b>Signing this does NOT affect your current enrollment,</b> nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. Beneficiaries are not obligated to enroll in a plan.			
	Beneficiary Signature	Date		
	If you are the authorized representative, you must sign above and provide the following information:			
	Name	Relationship to Beneficiary		
3	To be completed by Agent (all fields below are re	equired).		
	Agent Name	Agent Phone Number		
	Beneficiary Name	Beneficiary Phone Number		
	Beneficiary Address			
	Initial Method of Contact (Indicate here if beneficiary was a walk-in):			
	Agent's Signature	Date Appointment Completed		

4 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 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. Agents must be licensed, contracted and certified, where applicable, to sell each of the plans listed below.

## Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)

**Medicare Prescription Drug Plan (PDP)** – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

**Medicare Health Maintenance Organization (HMO)** - A Medicare Advantage Plan that must cover all Part A and Part B healthcare. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

**Medicare Preferred Provider Organization (PPO) Plan** – A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Private Fee-For-Service (PFFS) Plan** – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and conditions.

**Medicare Special Needs Plan (SNP)** - A special type of Medicare Advantage Plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** – MSA Plans combine a high-deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** - In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services or urgently needed services).

**5 Contact Information:** Brokers, please email form to Brokers@MassAdvantage.com.

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

