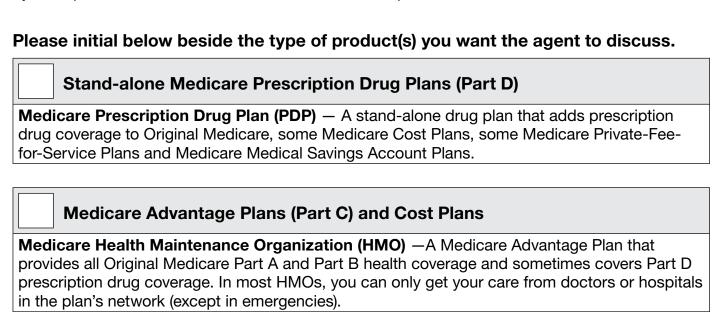
Scope of Sales Appointment Confirmation Form

SilverScript® 2017

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual or one-on-one marketing appointment (whether in person, telephonically or otherwise) with the Medicare beneficiary 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.



Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special healthcare 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.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you 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 Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

Signature:	Beneficiary or Authorized Representative Signature and Signature Date:	
Representative's Name: Your Relationship to the Beneficiary: To be completed by Agent: Agent Name: Agent Phone: Agent Address: Beneficiary Name: Beneficiary Phone: Beneficiary Address: Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) Agent's Signature: Plan(s) the agent represented during this meeting: Date of Appointment: Instructions for agents: If you are doing a sales presentation to a beneficiary, you MUST have a documented scope of what	Signature:	Date:
To be completed by Agent: Agent Name: Agent Address: Beneficiary Name: Beneficiary Phone: Beneficiary Address: Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) Agent's Signature: Plan(s) the agent represented during this meeting: Date of Appointment: Instructions for agents: If you are doing a sales presentation to a beneficiary, you MUST have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the	If you are the authorized representative, please	sign above and print below:
To be completed by Agent: Agent Name: Agent Phone: Agent Address: Beneficiary Name: Beneficiary Phone: Beneficiary Address: Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) Agent's Signature: Plan(s) the agent represented during this meeting: Date of Appointment: Instructions for agents: If you are doing a sales presentation to a beneficiary, you MUST have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the	Representative's Name:	
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a signed document by the beneficiary. If you are sending an enrollment form for a client to SilverScript® Insurance Company, you must also send this document, signed by the client, to SilverScript as well.	If you are doing a sales presentation to a beneficiar you will be discussing with the beneficiary prior to t scope over the phone and sign the documentation a signed document by the beneficiary. If you are set	the appointment. A beneficiary cannot agree to the later. Documentation must be in writing in the form of ending an enrollment form for a client to SilverScript®
* Scope of Appointment documentation is subject to CMS record retention requirements *	* Scope of Appointment documentation is s	subject to CMS record retention requirements *
If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:		e of appointment, provide explanation why SOA