

Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services require 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 below beside the type of product(s) you want the agent to discuss:

_____ Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D Prescription Drug coverage. In most HMO’s, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

_____ Medicare Special Needs Plan (SNP) – Medicare Advantage Plan that has a benefit package for people with special health care needs. Examples of 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.

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

Beneficiary or Authorized Representative Signature and Signature Date

Signature _____ Date _____

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

Representative Name _____

Your Relationship to the beneficiary _____

TO BE COMPLETED BY AGENT **All Fields are Required**	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact (i.e. telephonic, walk in, etc.)	Product Type Discussed:
Agent Signature:	Date of Appointment:

***Scope of Appointment Documentation is subject to CMS record retention requirements**

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

A new SOA is required if, during the appointment, the beneficiary requests information regarding a different plan type than previously agreed upon.

Denver Health Medical Plan, Inc. is a Medicare-approved HMO plan. Enrollment in a Denver Health Medical Plan depends on contract renewal. The plan also has a written agreement with the Colorado Medicaid Program to coordinate your Medicaid.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 303-602-2111 or 1-877-956-2111 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener más información llame al 303-602-2111 o al 1-877-956-2111. (Los usuarios de TTY deben llamar a 711).